CARE CONNECTIONS

*Online Medical Data Collection and Management*

# USER MANUAL

*CareConnections is a Suite of Services for Integrated Rehabilitation Management*
*Developed by Therapeutic Associates, Inc.*

# WELCOME TO CARECONNECTIONS

As a CareConnections participant, you have joined a unique league of clinicians who continually seek to assess the efficacy of therapeutic intervention. Collection of outcomes and patient satisfaction data will provide you with information to improve the quality and efficiency of service delivery. Additionally, questions asked by referral sources and payers can be answered with a quantifiable response.

The value of outcomes data is influenced by the clinician's understanding of the applicability of information supplied by the outcomes collection procedure. The system is not just a method of data collection, but it contains indicators specifically selected to be an asset to development of functional goals. The specific index score and pain response provide quantifiable documentation figures for reporting progress to referral sources or payers. We have found that clinicians eventually come to rely upon the outcomes information as an integral part of therapy.

Our goal is to enhance your clinical practice with a product that can add value for the patient, for the clinician, and for the future of rehabilitation. The outcomes system was developed by therapists to be user friendly, understandable, and easily applicable for marketing, referencing, and assessing the effectiveness of your operation. We welcome your comments, as CareConnections continues its success by being a dynamic system that is responsive to the needs of clinicians.

Sincerely,
CareConnections Management

## WHAT IS CARECONNECTIONS?

CareConnections is a web-based suite of rehabilitation medical management services. CareConnections uses combinations of tools to assist providers and payers with the medical management of patients and clinical services. These tools include:

**CareConnections Outcomes System** – a functionally based patient data collection system that compares clinical outcomes to similar groups of clinics and provider submitted episodes of care. Outcome reports provide valuable clinical information and management data that can be used to promote best practices, improve quality of care, and add value for those responsible for the costs of care.

**CareConnections Treatment Guidelines** – therapist written and researched parameters of care grouped by anatomical body region and cross-referenced by diagnosis. Each guideline suggests appropriate evaluation tests and measures, appropriate functional goals, appropriate therapeutic modality and procedure interventions, discharge criteria, and considerations for additional visits.

**CareConnections Patient Satisfaction Monitoring** – standardized survey for patients, allowing them to provide valuable feedback about their provider experience. All results can be submitted for benchmarking against therapy sites from around the country.

**CareConnections Prior Authorization/Advice System or "PAS"** – PAS ties it all together as a tool that permits 24/7 web-based dissemination and acquisition of utilization management information. PAS delivers prospective utilization of care in the form of an appropriate number of visits per specific patient condition along with an appropriate CareConnections Treatment Guideline. PAS provides concurrent utilization management based upon initial measures and continued monitoring using the CareConnections Outcomes System and provider requests for additional treatment. It also provides retrospective utilization management in the form of CareConnections Outcome reports and benchmarked utilization statistics.

The entire suite of CareConnections management tools present powerful, yet cost effective systems for today's healthcare world. Providers and payers alike can benefit from CareConnections' component parts or their integrated ability to serve the needs of both value-based and outcome-oriented care to all rehabilitation patients.

# CARECONNECTIONS OVERVIEW AND DATA ENTRY INSTRUCTIONS

This manual will instruct you on how to:

- Collect outcomes information
- Log onto the CareConnections web site
- Set up your account
- Enter patient outcomes data online
- Process patient satisfaction surveys
- Retrieve and interpret reports

## SYSTEM REQUIREMENTS

- High-speed internet connection
- Up-to-date operating system and web browser
  - Internet Explorer 8.0 or later
  - Mozilla FireFox 8.0 or later
  - Safari 5.0 or later
- **Adobe Reader 8.0** or later required to view all CareConnections forms and reports

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# I. OUTCOMES DATA COLLECTION PROCEDURE

## PRIOR TO DATA COLLECTION

1. Make copies of outcomes worksheets for all body areas. Page two of each worksheet contains a VAS pain scale (10 cm measurement line) that must be copied to scale, so **be careful not to reduce or increase the size of your copies**. You may copy the forms front to back if you wish.
   - New master copies of the forms can also be printed directly from your CareConnections member account - ***when printing forms online, please closely follow printing instructions to avoid printing your forms too small*** (i.e. set Page Scaling in Adobe Reader to "None")

2. Read through this manual and follow instructions for getting logged into CareConnections (www.careconnections.com)

3. Set up contact information, personalized report groups and pick lists, and additional user accounts using links under "Administration" on CareConnections web site
   - Clinic Information
   - Custom Report Groups (optional)
   - Insurance Setup
   - Treating Practitioner Setup (therapists)
   - Referring Practitioner Setup (physicians)
   - Clinic Users

## INITIAL VISIT

1. Front Office dates the *Patient Worksheet* and checks the Initial or Discharge box as appropriate (date the form and check nothing if worksheet applies to an Interim assessment). Front Office may optionally complete the *Data Collection* form except for function and pain information. The same information is eventually input in the corresponding fields and pick lists provided on the "Treatment Registrations" page for outcomes tracking.

2. Patient completes *Patient Worksheet* for the appropriate functional diagnostic group, (e.g. Lower Extremity). Patient also completes Acuity Days and Pain Analogue scale. Available outcomes forms include:
   - **Upper Extremity**
     - includes conditions relating to *Elbow* or *Shoulder*
   - **Lower Extremity**
     - includes conditions relating to *Hip*, *Knee*, or *Foot/Ankle*
   - **Cervical/Thoracic**
     - includes conditions relating to *Neck* or *Upper Spinal Region*
   - **Hand**
     - includes conditions relating to *Wrist* or *Hand*
   - **TMJ**
     - includes conditions relating to *Headache*, *Stress*, or *Jaw*
   - **Lumbar Spine**
     - includes conditions relating to *Lower or Middle Spine*
   - **Neurological**
   - **Pelvic Floor (Pilot Phase)**
     - includes conditions related to *Incontinence* or *Pelvic Pain*

## INITIAL VISIT *(continued)*

**NOTE:** When handing out the worksheet, show patient that the form has a front and a back side (page one and two) to complete so that questions do not get missed. A brief explanation of the purpose of outcomes tracking may ease patient's dislike of paperwork. We recommend using an introduction script with all paperwork given to patients that helps them to understand purpose, scope, and importance of the information you are collecting.

Here is a sample script for handing out CareConnections worksheets.

CARE CONNECTIONS

### Functional Index Script

(for those of you figuring out what to say)

1. *We request this information in the beginning and at the end of your treatment so we can see how well you are able to function in certain daily activities.*
2. *The information from this form is used as part of ongoing research that participating clinics can use to improve their service to you and communication to your insurance provider. It may also be used to help your therapist set specific goals for your treatment.*
3. *Please comment on all questions if possible, and check only one box for each question. Be sure to comment on acuity, which is the amount of time you've had symptoms (point to, and consider circling this section).*
4. *We'd also like you to rate your pain level in the last 24 hours. You can think of this as a scale of 0-10. Place a mark on the line that best represents your pain level.*
5. *Last Visit Only: In addition to repeating all other information, please complete the Global Rating of Change scale. This represents how much your condition has changed since beginning treatment. Circle the number that best indicates your level of change.*
6. *Last Visit Only: Also, please complete Work Status questions.*

***Thank you for contributing your valuable information***

3. Initial indicators (functional scale, perceived pain) are scored by Front Office staff (See scoring information on pages 6-7). Information is transferred to the *Data Collection* form and/or entered into the CareConnections web site.

4. ***Patient Satisfaction Subscribers Only*** - Print Patient Satisfaction survey for patient by following instructions under "Patient Satisfaction" in this manual (pages 37-38).

## INTERIM ASSESSMENT (optional)

1. Patient completes a *Patient Worksheet* every 3-4 visits (frequency to be determined by clinic) for the same appropriate functional diagnostic group as initial visit. Additionally, Work Status, Pain Index, and Global Rating of Change scales are highlighted for the patient to complete. ***Patient Satisfaction survey*** may also be given to patient at this time if you are unsure whether or not patient will be returning to continue treatment.

2. Interim scores (functional scale, perceived pain, global rating of change) are scored by Front Office staff, and information is kept on file or entered directly into patient record on the CareConnections web site. Total number of treatments at each interim point should also be tabulated at this time.

## FINAL VISIT

1. Patient completes one last *Patient Worksheet* for the same appropriate functional diagnostic group as initial visit. Additionally, Work Status, Pain Index, and Global Rating of Change scales are highlighted for the patient to complete. ***Patient Satisfaction survey*** should also be administered at this time if survey was not completed during an Interim Assessment.

2. Discharge indicators (functional scale, perceived pain, global rating of change) are scored by Front Office staff, and information is transferred to the *Data Collection Form* or entered directly into patient record on the CareConnections web site. Total number of treatments should also be tabulated at this time.

## DATA SUBMISSION DEADLINES

1. Patient records for each quarter should be entered by no later than the ***10th of each month***. Fiscal quarters are 3 months in length. Final entry deadline falls on the 10th of the month following the end of the quarter. Patient Satisfaction surveys must be mailed so that they reach CareConnections office by or before the 10th of every month. Reports will always be posted online before the 20th of the month following the end of each quarter.

   **Deadlines**
   1st Quarter = January, February, March – Submission deadline April 10th
   2nd Quarter = April, May, June – Submission deadline July 10th
   3rd Quarter = July, August, September – Submission deadline October 10th
   4th Quarter = October, November, December – Submission deadline January 10th

2. Note that an outcomes record is complete only when it contains initial ***and*** discharge information. The outcomes system requires two data points (both initial and interim/discharge data) to calculate outcome scores. Therefore, outcomes records without interim or discharge information will only be accounted for in an exceptions report (report showing number of incomplete registrations and self discharges) on your quarterly reports.

   Patient Satisfaction surveys or Outcomes Registrations entered after the deadline at the end of a quarter will be included in subsequent quarterly reports.

# SCORING THE PATIENT WORKSHEET

## SCORING THE FUNCTIONAL INDEX

1. Answers to the ten functional index questions are scored on a scale of 5 to 0. The first (or most functional choice) receives a 5, the last (or least functional choice) receives a 0.

Example: **WALKING** Points value

| | | |
|---|---|---|
| ☐ Symptoms do not prevent me walking any distance. | = | **5** |
| ☐ Symptoms prevent me walking more than 1 mile. | = | **4** |
| ☐ Symptoms prevent me walking more than ½ mile. | = | **3** |
| ☐ Symptoms prevent me walking more than ¼ mile. | = | **2** |
| ☐ I can only walk using a stick or crutches. | = | **1** |
| ☐ I am in bed most of the time and have to crawl to the toilet | = | **0** |

2. Total the ten questions' scores for a total score. Patient may answer more or less than 10 questions depending on which patient worksheet was completed, but a minimum of 8 questions must be answered to calculate a valid functional score.

3. Patient's total score on the index is divided by the total possible (# of questions answered x 5).

   **Example:** If patient answers 8 questions for a total score of 37, the total score (37) is divided by the number possible (40). Eight questions answered (8), multiplied by total possible for each question (5), for a total possible score of 40 (8 X 5).
   37 divided by 40 = **92**. (Note that percentages are scored as whole numbers)

4. Function may also be scored automatically using the **Function Calculator** on data intake screens. A 'Calculator' symbol will appear next to Function field on data intake screens. Click the link to score initial, interim, or final function.

***FUNCTION CALCULATOR:***

After you select a problem area during the Intake phase of data entry, note the 'Calculator' symbol next to the Function field. Click on the Calculator link and an online version of the functional questions for the selected problem area will be displayed. Now all you have to do is select the responses marked by the patient on the patient worksheet. Once you complete all of the questions, click on the Calculate button. The function calculator will close and your functional index score will be complete.

An additional bonus to using the Function Calculator is that score values for each question on the patient worksheet will be saved in the CareConnections system. For clinics that consistently do this, we will be able to supply reports that drill down to the level of the individual functional question. This kind of reporting will be dependent on the amount of data received. If you have an interest in this level of reporting, please contact CareConnections Support.

# SCORING THE PATIENT WORKSHEET *(continued)*

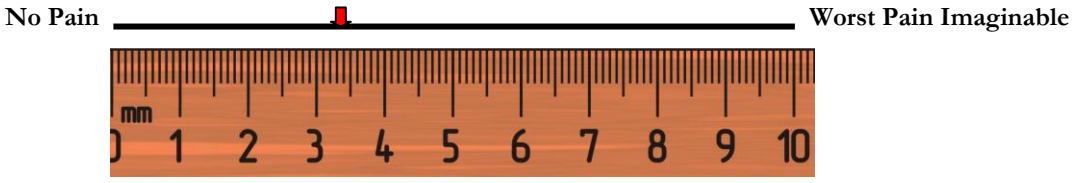
## SCORING THE PAIN ANALOGUE SCALE

1. The pain analogue scale is a 10-centimeter visual analogue scale that must be measured with a ruler.

   ***NOTE:*** If Pain Index line on your patient worksheets measures less than 10 cm, you will need to re-print the worksheet and set page scaling options to "None" in your print dialogue box.

2. Score for Pain Index is the number on the ruler in **cm** that corresponds to the patient's mark on the pain scale.

3. Report all scores to the nearest tenth of a cm. e.g. 7.2, 3.4




## SCORING THE GLOBAL RATING OF CHANGE SCALE

1. Enter numeric value circled by patient. If patient marks between two numbers, select the lower of the two values.

# II. Logging in to CareConnections

## Getting Started

For new participants, your User name and a temporary Password will be sent to you via email. When you log into CareConnections for the first time you will be required to change your Password. Please be sure to make a note of your new login information. For security reasons, your password will be encrypted and CareConnections will not have a record of your new password once you update it.

- Log in to CareConnections web site
  - Go to www.careconnections.com
  - Click on "Client Login" link to access CareConnections

CARE CONNECTIONS
Home
News
Help/Support
Client Login
Medical Management Tools & Systems
Health Plans/PPOs, Self-Insured Employers, and Rehabilitation Providers
Learn More
CareConnections is a web-based suite of rehabilitation medical management services. CareConnections uses combinations of tools to assist providers and payers with the medical management of patients and clinical services.
Clinical Outcomes
Prior Authorization and Advice (PAS)
Patient Satisfaction
Clinical Guidelines
PROVIDERS
Benefit from standardized systems across carriers using outcome and performance metrics designed within their profession to promote quality and operational efficiency
PROVIDERS
HEALTH PLANS/PPOs
EMPLOYERS
HIPAA COMPLIANCE
TERMS & CONDITIONS
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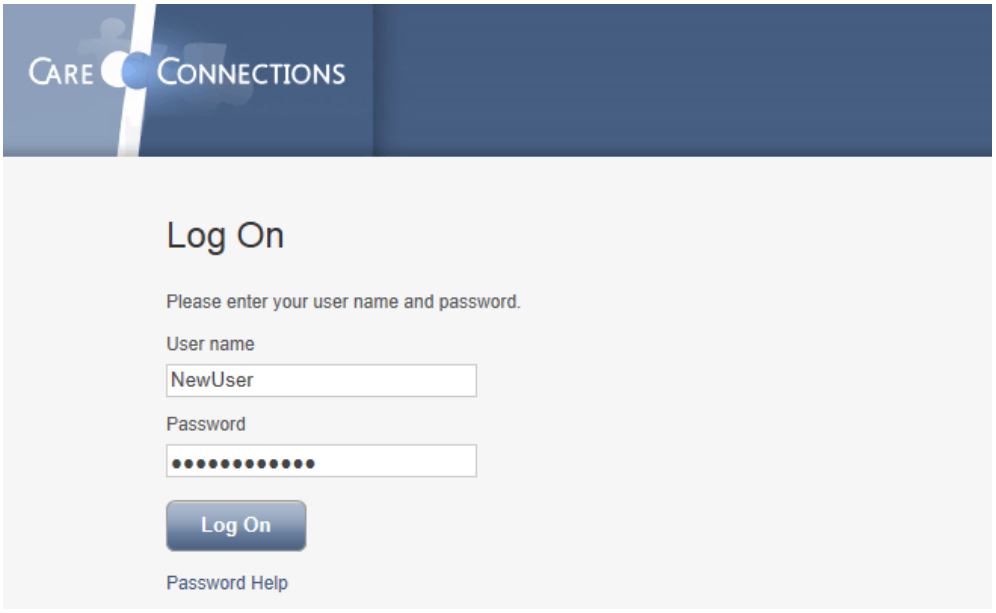
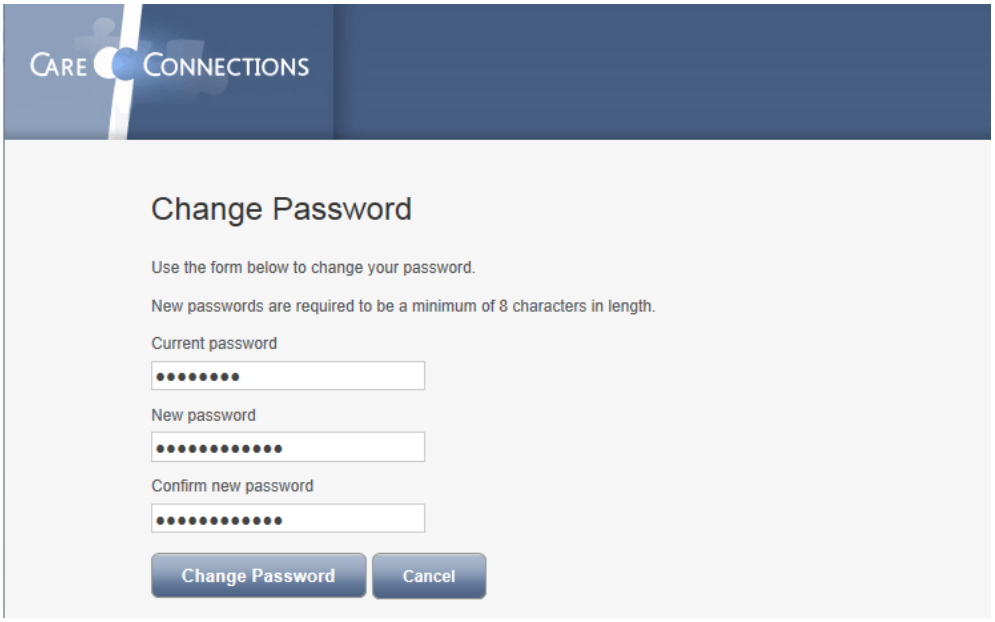
## Creating a New Password

The first time you log on, you will be required to change your Password.



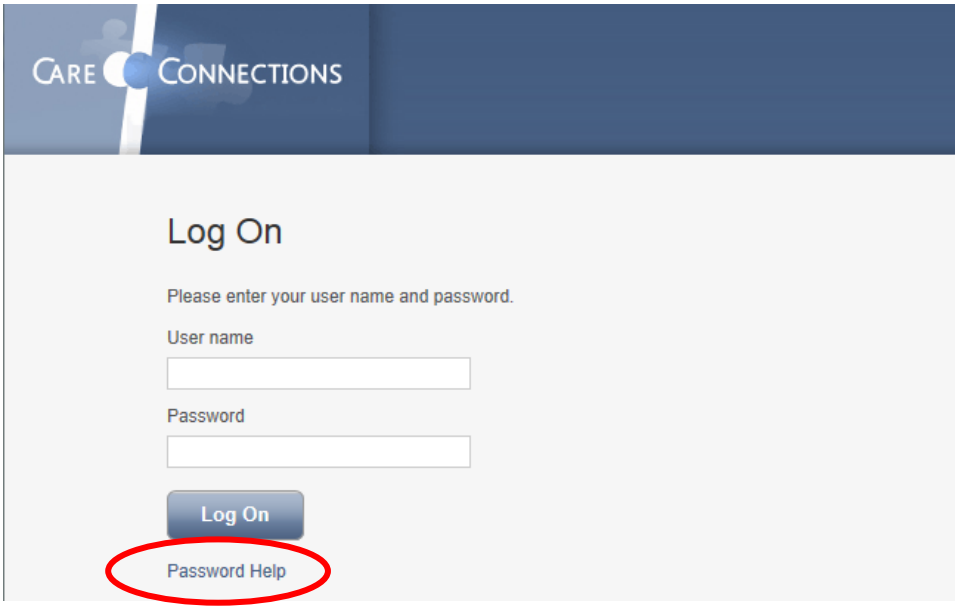




Password is case sensitive and must be at least eight characters in length. We recommend that you use at least one letter and one number in order to have a stronger password. Please use alpha and numeric characters only.

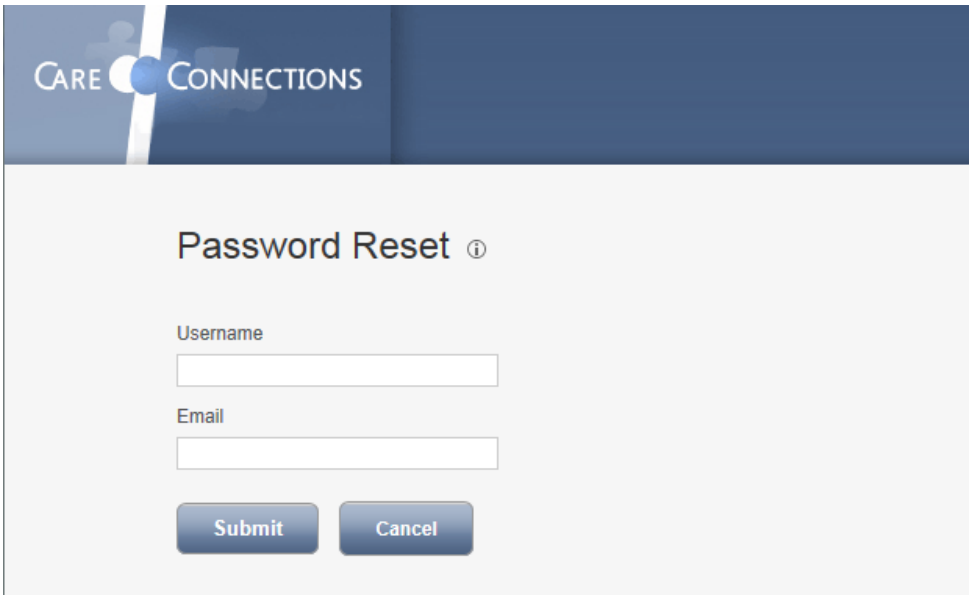
**NOTE: Please record your User name and Password and keep it somewhere safe. Once you change your password, CareConnections personnel will no longer have access to your password.**

## Resetting Your Password

**Forgotten Password:** If you forget your password, use the "Password Help" link on the CareConnections Login page.




Click on the "Password Help" link (located below the Log On button). To successfully complete this process, you must submit your User name and Email Address.




The email address should be the one you supplied to us at the time you set up your account. An automated message will be sent to this email address, which will allow you to complete the reset of your password. If your email address does not match your username, please contact customer support.

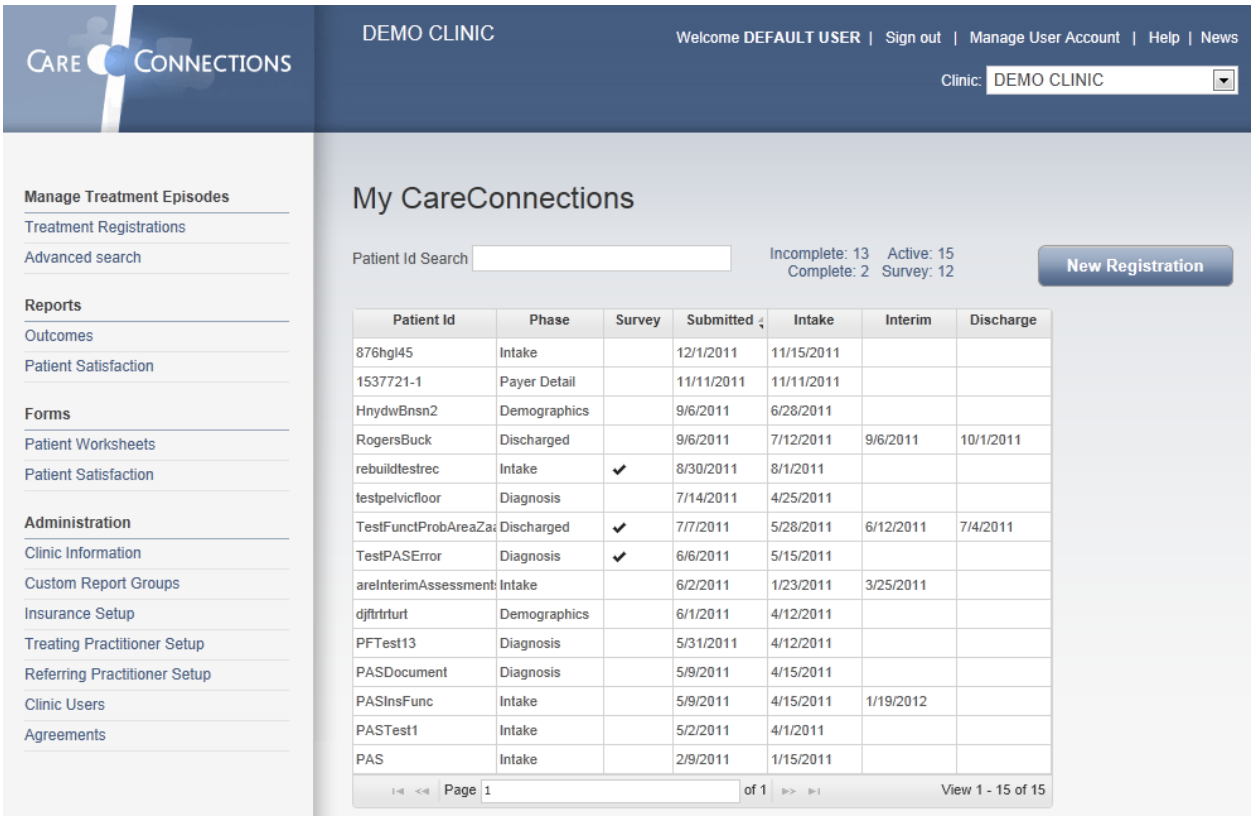
**Please be sure to check your email account's *Junk Mail* or *Spam* filters before using the Password Help function. CareConnections will send an automated email to you that could be blocked by some filters.** Automated messages will come from support@careconnections.com.

If you wish to manually change your password after first logging in, click on the "Manage User Account" link (only available after logging in).

## CONGRATULATIONS

On your first login, you will be required to accept a HIPAA Business Addendum and/or a Terms and Conditions agreement. Only one Admin user on your account has to sign the HIPAA Addendum, but all users on your account must accept the Terms and Conditions agreement.

You are now logged in and ready to begin using CareConnections!


CARE CONNECTIONS
DEMO CLINIC
Welcome DEFAULT USER | Sign out | Manage User Account | Help | News
Clinic: DEMO CLINIC
Manage Treatment Episodes
Treatment Registrations
Advanced search
Reports
Outcomes
Patient Satisfaction
Forms
Patient Worksheets
Patient Satisfaction
Administration
Clinic Information
Custom Report Groups
Insurance Setup
Treating Practitioner Setup
Referring Practitioner Setup
Clinic Users
Agreements
My CareConnections
Patient Id Search
Incomplete: 13 Active: 15
Complete: 2 Survey: 12
New Registration
Patient Id | Phase | Survey | Submitted | Intake | Interim | Discharge
876hgl45 | Intake | | 12/1/2011 | 11/15/2011 | | |
1537721-1 | Payer Detail | | 11/11/2011 | 11/11/2011 | | |
HnydwBnsn2 | Demographics | | 9/6/2011 | 6/28/2011 | | |
RogersBuck | Discharged | | 9/6/2011 | 7/12/2011 | 9/6/2011 | 10/1/2011
rebuildtestrec | Intake | ✔ | 8/30/2011 | 8/1/2011 | | |
testpelvicfloor | Diagnosis | | 7/14/2011 | 4/25/2011 | | |
TestFunctProbAreaZa | Discharged | ✔ | 7/7/2011 | 5/28/2011 | 6/12/2011 | 7/4/2011
TestPASError | Diagnosis | ✔ | 6/6/2011 | 5/15/2011 | | |
areInterimAssessment | Intake | | 6/2/2011 | 1/23/2011 | 3/25/2011 | |
djftrtrturt | Demographics | | 6/1/2011 | 4/12/2011 | | |
PFTest13 | Diagnosis | | 5/31/2011 | 4/12/2011 | | |
PASDocument | Diagnosis | | 5/9/2011 | 4/15/2011 | | |
PASInsFunc | Intake | | 5/9/2011 | 4/15/2011 | 1/19/2012 | |
PASTest1 | Intake | | 5/2/2011 | 4/1/2011 | | |
PAS | Intake | | 2/9/2011 | 1/15/2011 | | |
Page 1 of 1
View 1 - 15 of 15

# III. Setting Up Your Account

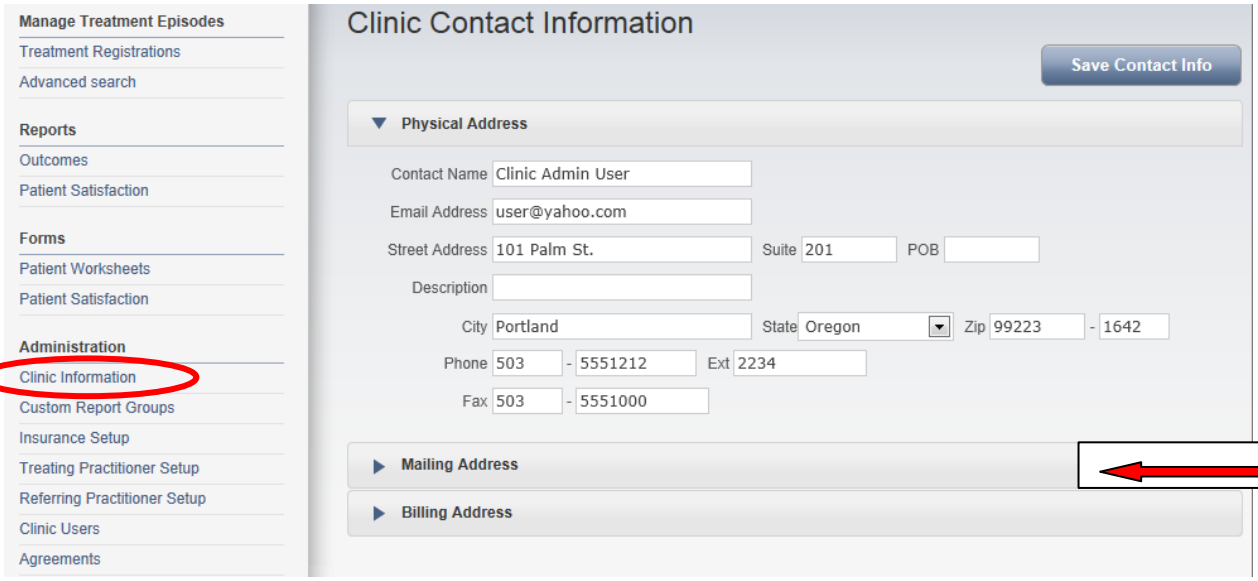
Once you successfully log in to your account, you can follow a series of steps (outlined in this section) to customize your account. Note the list of options under Administration. Customizable links include – Clinic Information, Custom Report Groups, Insurance Setup, Treating Practitioner Setup, Referring Practitioner Setup, and Clinic Users. Prior to entering patient data, you must set up names for Treating and Referring Practitioners and Insurances so that you have options to select from when entering patient records.

## Administration

Clinic Information

Enter your clinic information (address, phone, email, etc.). Most of this information will be filled in for you when your account is activated, but you may wish to complete any missing information or update information that has changed. Contact information for your clinic should be maintained so that CareConnections knows where to contact you about billing, system changes, or notifications. Please be sure to indicate appropriate Mailing and Billing addresses where different from your Physical address.

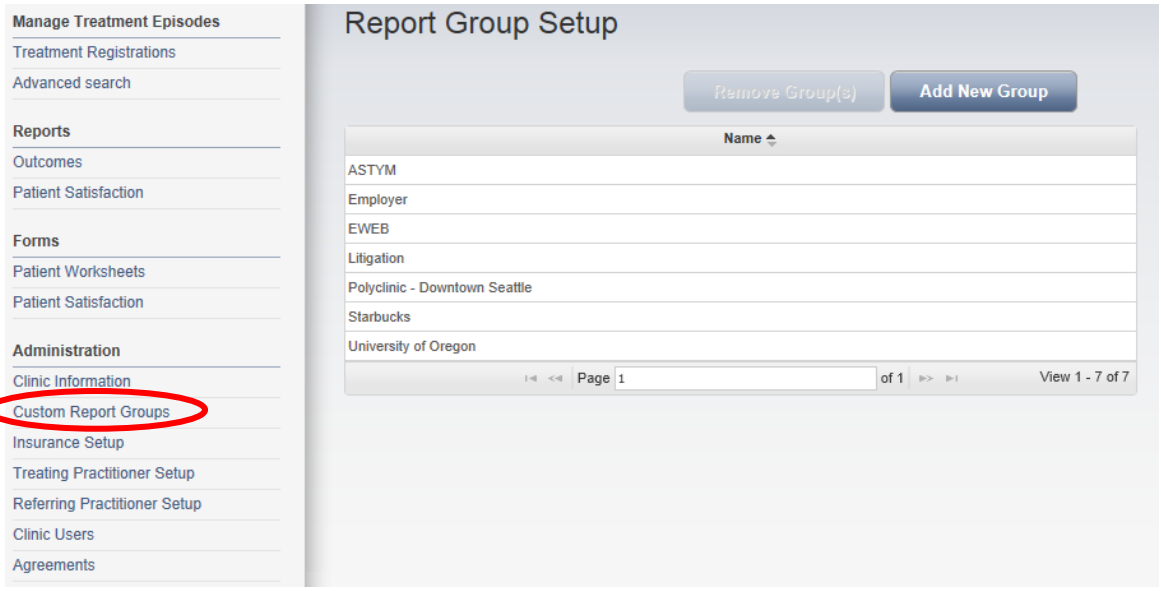
- **Edit Clinic Information**
  - Place cursor in appropriate field to edit information
  - Select Physical, Mailing, or Billing Address to view or edit
  - Click "Save Contact Info" button to save your changes



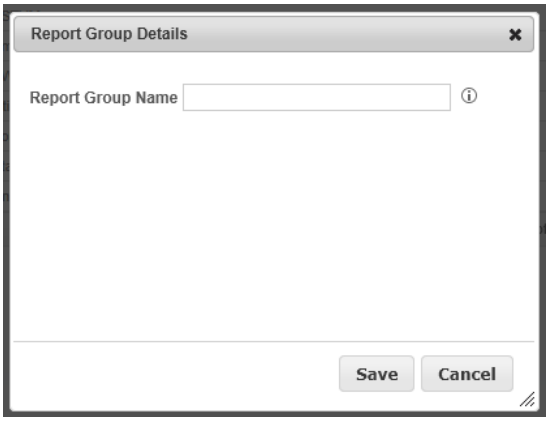
# Administration

Custom Report Setup

Enter and maintain all Custom Report Groups in your clinic. Custom Report Groups are optional and will allow you to track outcomes information by categories not identified in the default CareConnections fields.




- **Add New Report Group**
  - Click on Add New Group
  - Type in report group name
  - Click on Save



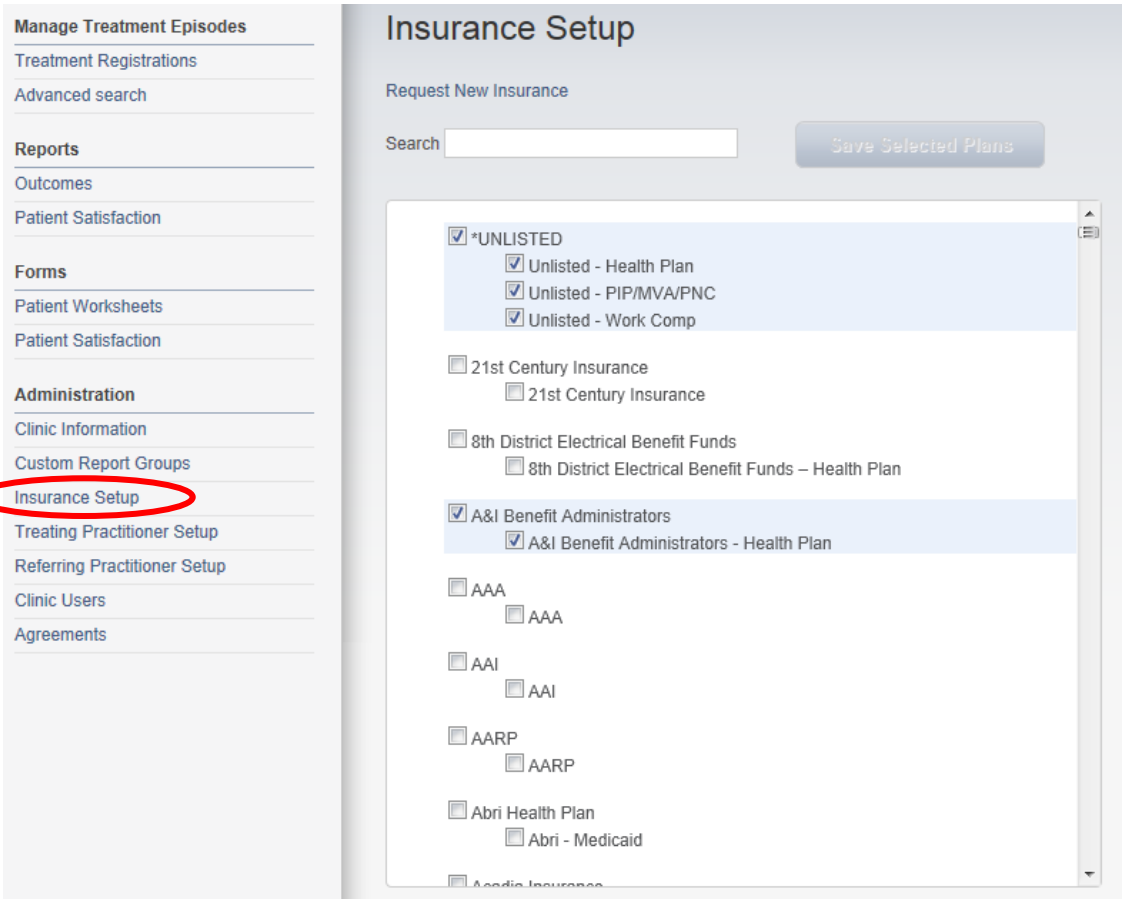

- **Remove Report Group**
  - Click on Report Group name to select it
  - Click on Remove Groups button

Once you have saved an entry you can see a list of what you have entered. ***Note***: Please be careful *not* to enter duplicate information. If you enter the same report group name with different spellings or abbreviations, the names will be treated as 2 separate entries.

# Administration

Insurance Setup

A list of common national insurance carriers has already been provided for you when you begin using CareConnections. For lesser-used insurances for which you do not need to track outcomes, please select "*UNLISTED" as the insurance carrier, and choose one of the basic UNLISTED insurance plans. (*UNLISTED has been provided as one of your drop down selections when you begin using CareConnections, so there is no need to add it again).




## Add New Insurance from Available Insurance Plans

To add insurances, check the box next to the insurance carrier or plan name in the list of available insurances and click on the Save Selected Plans button to add the selection to your list of insurance plans. All insurances showing a checkmark next to it will be available in your pick list when entering patient outcomes data.

To search the list of available insurance plans, enter the insurance payer or plan name in the Search box. As you begin to type, the list of available options will begin to narrow. For example, typing in "BlueCross" will return any carrier and plan containing the words "BlueCross."

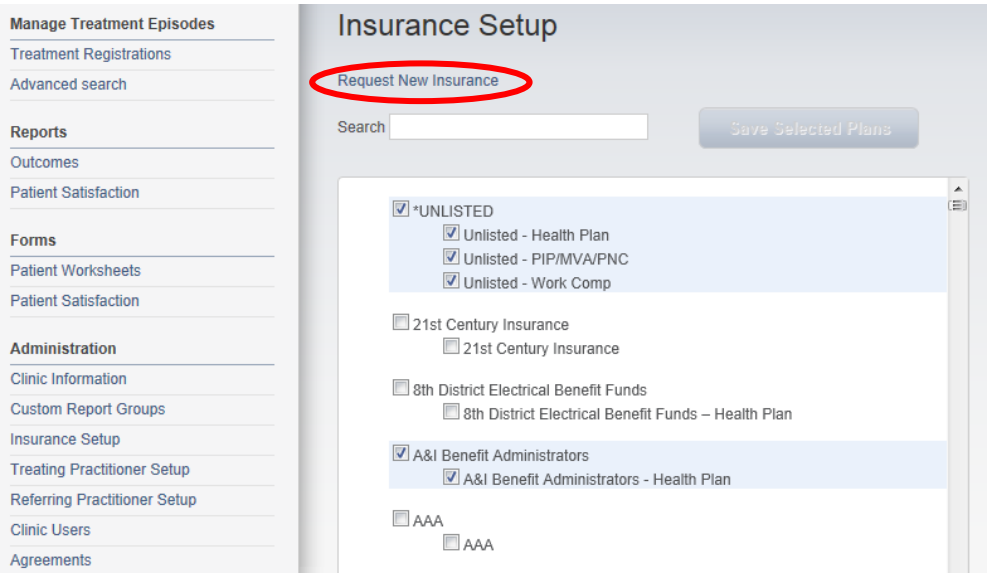
## Remove Selected Insurance Plans

To remove insurances, simply uncheck the box next to the insurance carrier or plan name. Click on the Save Selected Plans button to save your changes. Removing insurance carriers or plans means they will no longer be available for selection during the patient registration process.

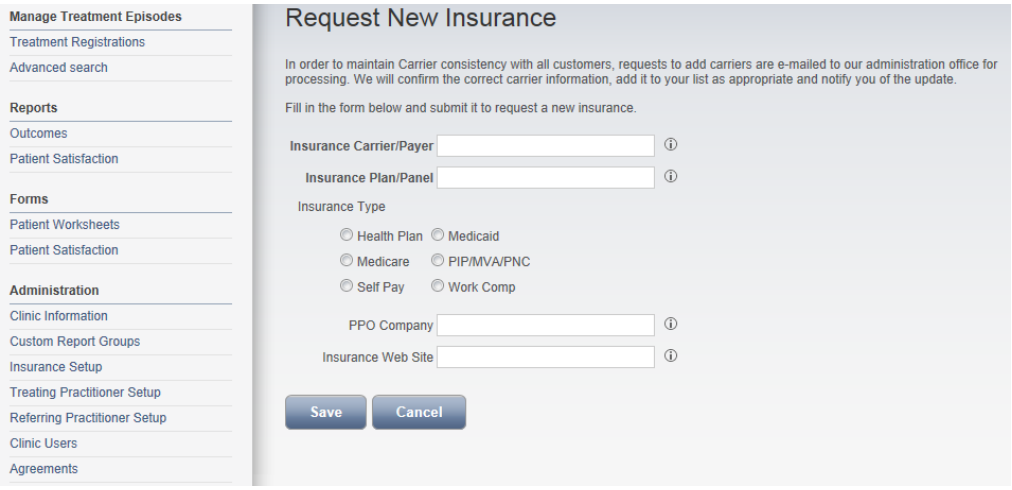
# Administration

## New Insurance Request

If you cannot find the insurance you need in the insurance list, you may click on the "Request New Insurance" link.




A form will open and allow you to enter any insurance that does not yet appear in our database. **Note**: We require Insurance Carrier/Payer, Insurance Plan/Panel, and Insurance Type in order to set up a new carrier. This information can usually be found on the patient's Insurance ID card. (Example - **Insurance Carrier**: Regence Blue Cross Blue Shield of Oregon, **Plan**: PPP). In most cases you may enter the same name for carrier and plan (Example – **Insurance Carrier:** Allstate, **Plan:** Allstate).




You have the option of entering PPO Company and Insurance web site where applicable. Once you complete the requested information, click on Save.

**Note**: All new insurance requests must be reviewed by CareConnections before being officially added to your list. We will ensure the entry is valid or determine if it already exists in our database. If a requested name appears under a different heading in CareConnections, we will notify you of the correct value to use. When submitting new insurance names, please try to use the full, accurate name for the insurance carrier instead of more generic descriptions (for example, "Regence BlueCross BlueShield of Oregon" instead of "BCBS of Oregon").

## What is an Insurance Payer / Carrier?

For CareConnections' purposes a carrier or payer is the underwriter or payer responsible for the financial costs of the claim. As an example, ACME insurance sells health insurance policies to employers and individuals. They take in premiums from their customers and disburse dollars to providers for the medical claims submitted for the treatment given to ACME's enrollees. ACME is responsible for the financial cost of the care; hence they are an Insurance Payer. CareConnections does not consider PPO networks as Insurance Payers.

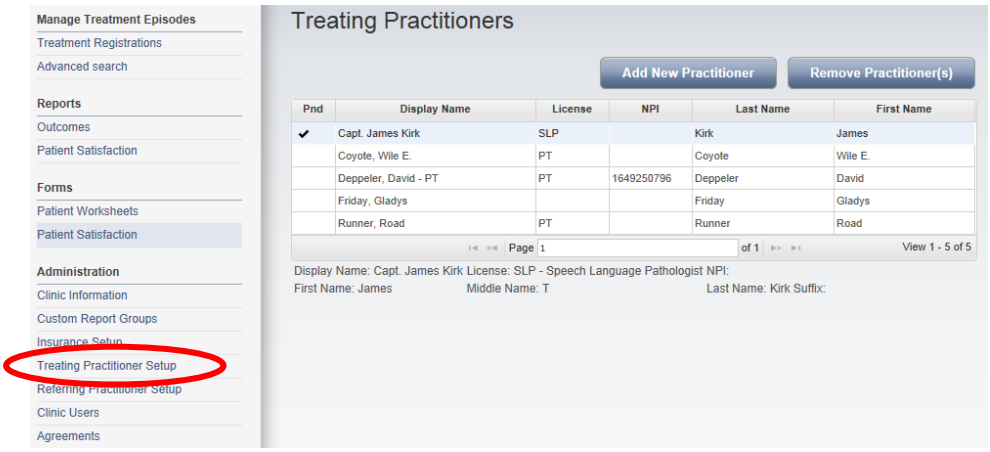
## What is an Insurance Plan/Panel?

When applicable, Insurance Payers will have multiple Insurance Plans to choose from in the CareConnections system. An Insurance Plan may describe the type of insurance offered by the Payer - ACME Health, ACME Work Comp, and ACME PIP/MVA/PNC. Medicare is listed as an Insurance Payer with the general plans of Part A, Part B, and Railroad Medicare. In cases where CareConnections is working closely with a group of outcomes system customers to collect more specific data for marketing to Insurance Payers, we will add plans for the payer that include brand names or PPO networks.

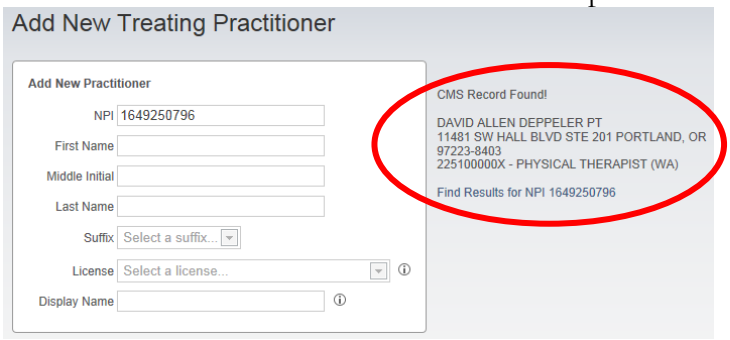
# Administration

## Treating Practitioner Setup

Enter and manage all Treating Practitioner names in your clinic. Practitioner Setup includes NPI lookups through the CMS NPI Registry (see below for details).




- **Add New Practitioner**
  Click on Add New Practitioner button and complete Practitioner Details form




  - By entering in a valid NPI # for a practitioner, you will receive confirmation of the name from CMS (NOTE: CMS data does not automatically populate Practitioner Detail)
  - If you do not have practitioner's NPI, enter first and last name and use the "Find NPI…" link to search NPI Registry information from CMS. You will need to enter NPI information from CMS into the CareConnections Practitioner Detail form.
  - Complete "Display Name" field to customize how practitioner name displays in your pick list. We recommend using "Last Name, First Name - License type" for display name. However you choose to have the name display, we recommend you be consistent.

- **Add Existing Practitioner**
  - If practitioner entry already exists in CareConnections, you will receive a list of potential duplicates for review
  - Select the "Add Existing Practitioner" check box and select the appropriate existing practitioner name from the list. Select license, complete Display Name, and click Save to add the name to your list.

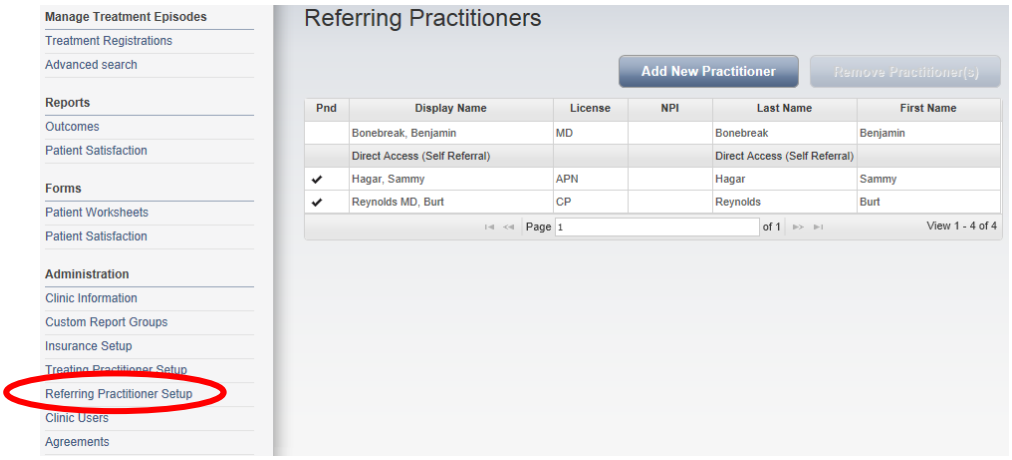
- **Remove Practitioner**
  - Select name from list of Practitioners
  - Click Remove Practitioner(s) button

Saved entries can be viewed on the Treating Practitioner setup page. ***Note*:** Please *do not* enter duplicate information. If you enter the same name with different spellings or abbreviations, the names will be treated as 2 separate entries. Entering NPI number on all practitioners will help to ensure that no duplicate names are recorded.

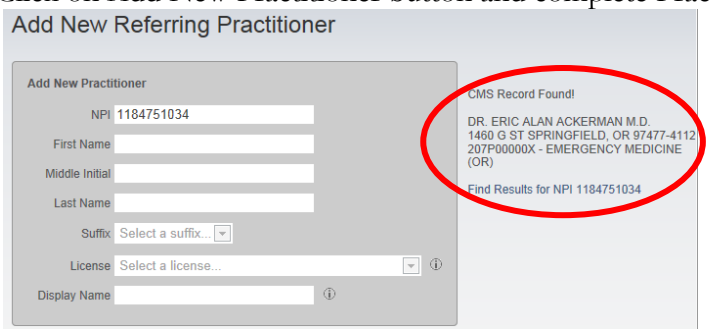
# Administration

## Referring Practitioner Setup

Enter and manage all Referring Practitioner names for your clinic. Practitioner Setup now includes NPI lookups through the CMS NPI Registry (see below for details).




- **Add New Practitioner**
  Click on Add New Practitioner button and complete Practitioner Details form




  - By entering in a valid NPI # for a practitioner, you will receive confirmation of the name from CMS (NOTE: CMS data does not automatically populate Practitioner Detail)
  - If you do not have practitioner's NPI, enter first and last name and use the "Find NPI…" link to search NPI Registry information from CMS. You will need to enter NPI information from CMS into the CareConnections Practitioner Detail form.
  - Complete "Display Name" field to customize how practitioner name displays in your pick list. We recommend using "Last Name, First Name - License type" for display name. However you choose to have the name display, we recommend you be consistent.

- **Add Existing Practitioner**
  - If practitioner entry already exists in CareConnections, you will receive a list of potential duplicates for review
  - Select the "Add Existing Practitioner" check box and select the appropriate existing practitioner name from the list. Select license, complete Display Name, and click Save to add the name to your list.

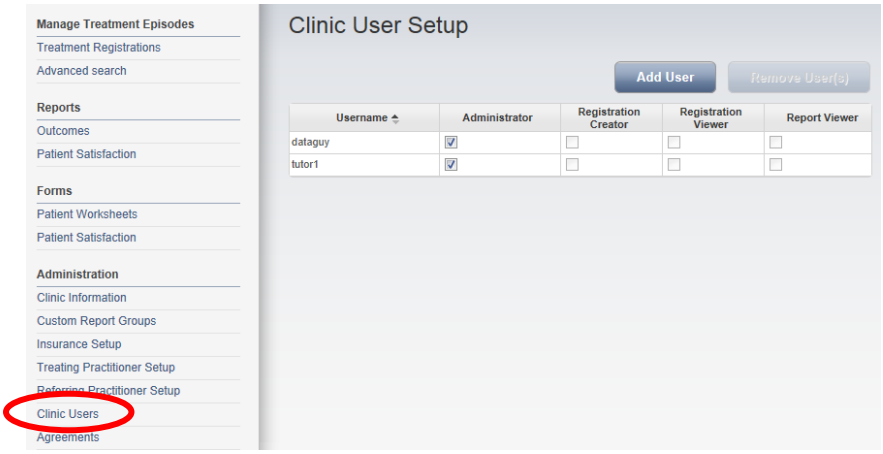
- **Remove Practitioner**
  - Select name from list of Practitioners
  - Click Remove Practitioner(s) button

Saved entries can be viewed on the Referring Practitioner setup page. ***Note*:** Please *do not* enter duplicate information. If you enter the same name with different spellings or abbreviations, the names will be treated as 2 separate entries. Entering NPI number on all practitioners will help to ensure that no duplicate names are recorded.

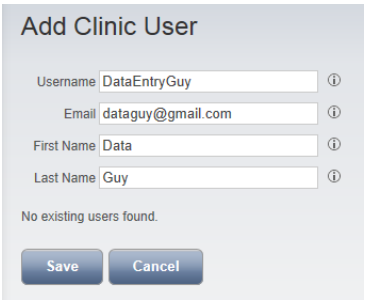
# Administration

Clinic Users

Create additional account logins for your staff. Assign roles to allow additional users to Create Registrations, View Registrations, or View Reports. Multiple roles may be assigned to users, but Administrators have access to all roles.




- **Add New User**
  - Click on Add User button




  - Complete "Add Clinic User" form – ALL fields are required
    NOTE: Each user should have a unique email address in order to have a CareConnections account login
  - Click on Save – an automated message will be sent to the new user with the User name and a Temporary Password

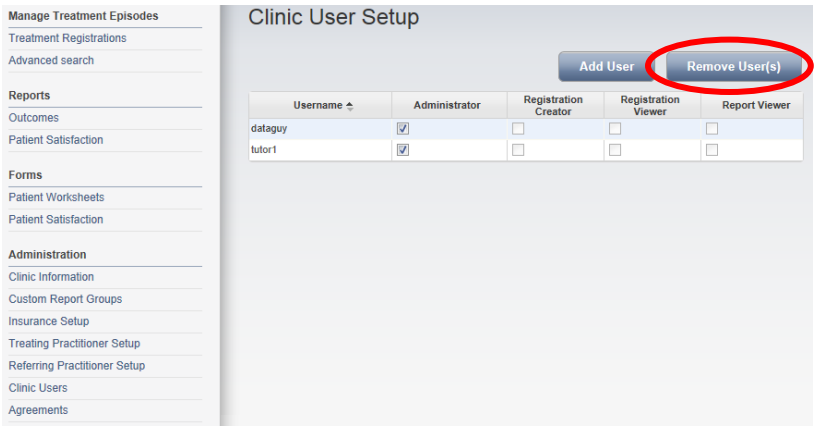
- **Assign Roles**
  - Check appropriate boxes next to each User to assign roles
  - Role Definitions
    **Administrator** – This role has access to all CareConnections features, including all Administration links, Registration Creation, Report Viewing, and Additional User setup.
    **Registration Creator** – This role can create and view patient registrations. Registration creator can also access Insurance and Practitioner setup links under Administration.
    **Registration Viewer** – This role can search for and view patient registrations. Registration viewer cannot enter registrations, access Administration links, or view reports.
    **Report Viewer** – This role can view outcomes and patient satisfaction reports. Report viewer cannot enter registrations, access Administration links, or view registrations.

# Administration

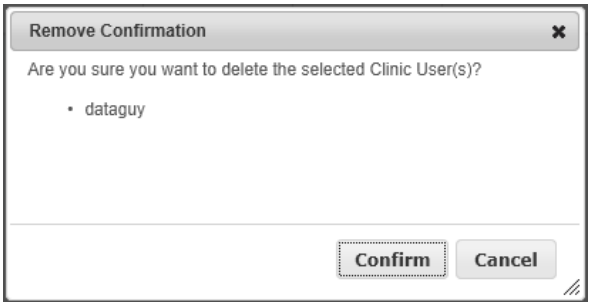
Clinic Users (continued)

- **New User Activation**
  - Each new user you create will receive an email with a User name and Temporary Password that will enable the user to create his/her own password

- **Delete User Account**
  - To delete a user account, you must be an Administrator. Click on the user name you wish to remove to highlight the user. Click on Remove User(s) button to remove the account.




  - Confirm deletion to remove account, or select Cancel to keep account




After reviewing and completing information using the Administration links discussed in the previous pages, your account will be customized with all of the insurance payers/plans, treating and referring practitioners, and custom report groups specific to your clinic.

You are now ready to begin entering patient data!

# IV. CareConnections Web Site Overview

## Navigating the CareConnections Web Site

CareConnections web pages may be navigated using the links and buttons on each page. We recommend that you do not use your Back, Forward, or Refresh buttons in your web browser. Once you successfully log in, all appropriate navigational menus have been included in the web site and are located along the left-hand side of the page. This should make navigating CareConnections easier for you.

No matter what page you go to using the links provided, you will always be able to see and access the navigation links (pictured left).

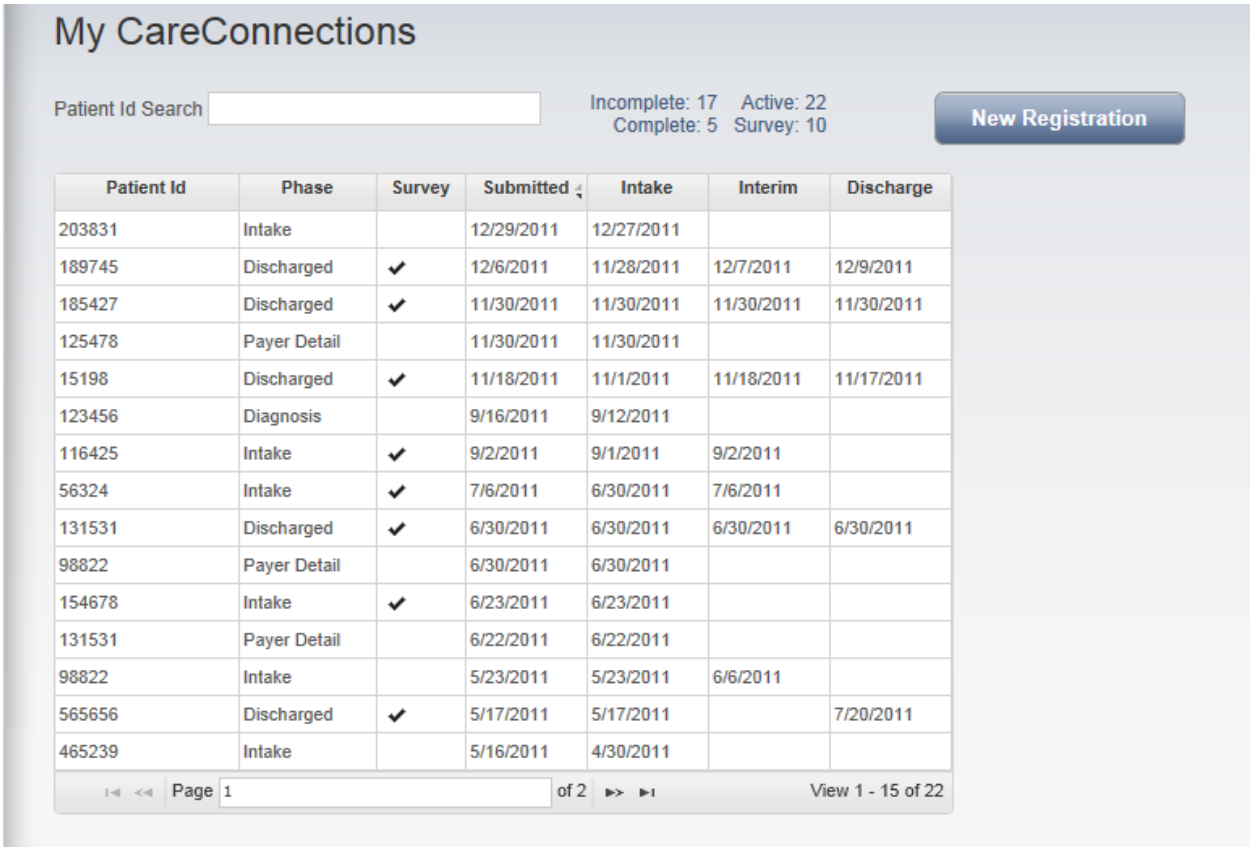
## News Updates

Please note that CareConnections web pages are continually updated with new content. Whenever a change is made to the site, a news article will be posted on the CareConnections News page. Please read posted news articles to keep up on changes and new features being added to the site.

**Member Site**

**Public Site**

## MY CARECONNECTIONS




| Patient Id | Phase | Survey | Submitted | Intake | Interim | Discharge |
|---|---|---|---|---|---|---|
| 203831 | Intake | | 12/29/2011 | 12/27/2011 | | |
| 189745 | Discharged | ✔ | 12/6/2011 | 11/28/2011 | 12/7/2011 | 12/9/2011 |
| 185427 | Discharged | ✔ | 11/30/2011 | 11/30/2011 | 11/30/2011 | 11/30/2011 |
| 125478 | Payer Detail | | 11/30/2011 | 11/30/2011 | | |
| 15198 | Discharged | ✔ | 11/18/2011 | 11/1/2011 | 11/18/2011 | 11/17/2011 |
| 123456 | Diagnosis | | 9/16/2011 | 9/12/2011 | | |
| 116425 | Intake | ✔ | 9/2/2011 | 9/1/2011 | 9/2/2011 | |
| 56324 | Intake | ✔ | 7/6/2011 | 6/30/2011 | 7/6/2011 | |
| 131531 | Discharged | ✔ | 6/30/2011 | 6/30/2011 | 6/30/2011 | 6/30/2011 |
| 98822 | Payer Detail | | 6/30/2011 | 6/30/2011 | | |
| 154678 | Intake | ✔ | 6/23/2011 | 6/23/2011 | | |
| 131531 | Payer Detail | | 6/22/2011 | 6/22/2011 | | |
| 98822 | Intake | | 5/23/2011 | 5/23/2011 | 6/6/2011 | |
| 565656 | Discharged | ✔ | 5/17/2011 | 5/17/2011 | | 7/20/2011 |
| 465239 | Intake | | 5/16/2011 | 4/30/2011 | | |

My CareConnections lists all active patient registrations entered by your clinic. Patients are listed in a grid format so that you can easily view and sort your patient records. Clicking on a column name will sort the column in ascending or descending order. Standard view includes columns for the following.

- Patient ID – indicates patient identifier entered by user
- Phase – indicates last phase completed in registration (see explanation of Registration Phases on pages 25-31)
- Survey – indicates whether or not Patient Satisfaction Survey has been printed for patient. A check mark indicates that survey HAS been printed. (Note – only available for Patient Satisfaction subscribers)
- Submitted – date registration was entered into CareConnections
- Intake – date of initial visit / outcomes assessment
- Interim – date of most recent interim progress assessment, if applicable
- Discharge – date of patient discharge / final outcomes assessment

## My CareConnections Tools

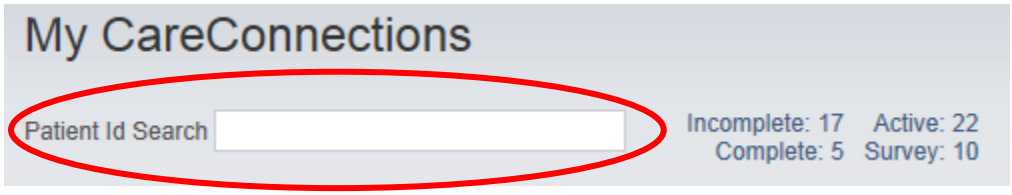
As the entry point to your CareConnections account, the My CareConnections page includes some quick reference tools that may help you better manage your records.

### Patient Counts

Each count heading (Incomplete, Complete, Active, Survey) is a selectable link that will sort and return only patients in that heading category. For instance, clicking on Incomplete will return only incomplete records.

| | |
|---|---|
| **Incomplete:** | Number of incomplete patient records. Incomplete records will not be reported on until they are completed. Incomplete records may be discharged without interim or final outcomes by providing last treatment date, reason for patient self discharge, and number of visits. |
| **Complete:** | Number of complete patient records for the current reporting quarter. This count shows how many records will be reported on at the end of the current quarter. Count is reset quarterly after reports post. |
| **Active:** | Total number of patient records that have not been reported on for current quarter (includes Complete and Incomplete registrations). |
| **Survey:** | Total number of patient records that have not yet had a bar-coded patient satisfaction survey printed. |

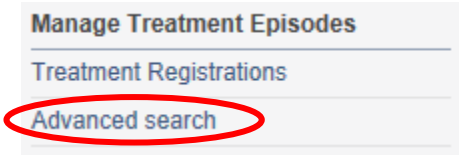
### Patient ID Search



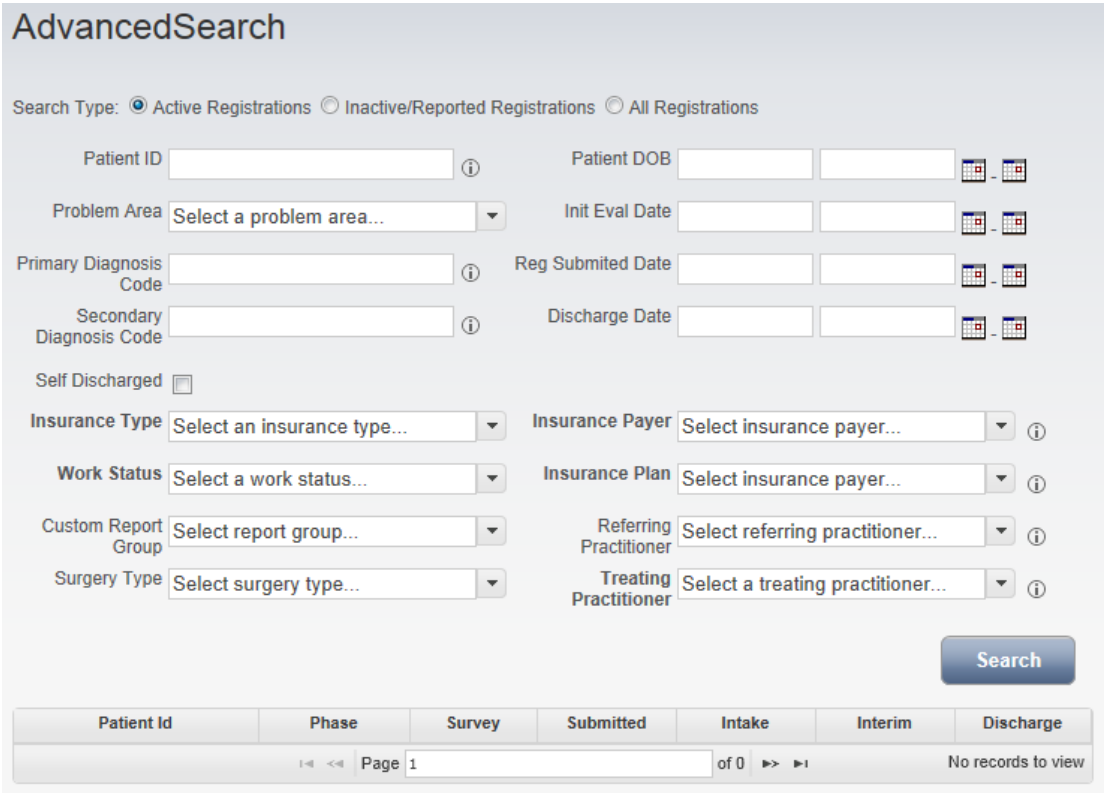

Located at the top of the page, the Patient ID Search box gives you a quick method of pulling up specific patient records in your active patient list. Begin typing in the patient ID and the list will sort based on what you've typed. NOTE: This quick search feature will only work on Active Patients.

## Advanced Patient Search

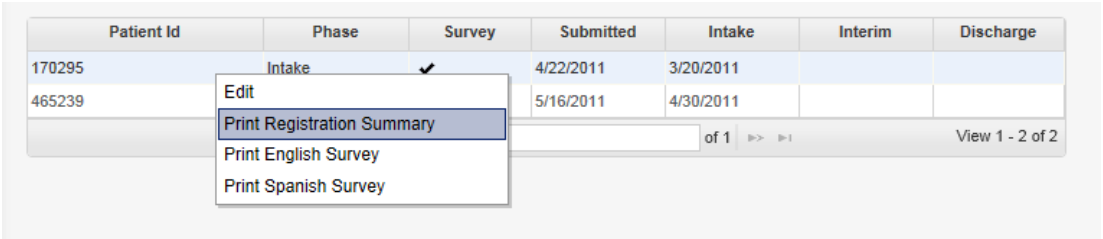
Click on Advanced Search link to display advanced search fields. Here you may specify date ranges or other requested fields to find records perform more detailed searches.




Advanced Search is where you will also be able to search on past patient records that have already been reported. Use the radio buttons at the top of the form to specify whether you wish to search your Active Registrations (currently in progress and not yet reported on), Inactive/Reported Registrations (past records that have already been reported on and archived), or All Registrations (includes both active and inactive/reported registrations).

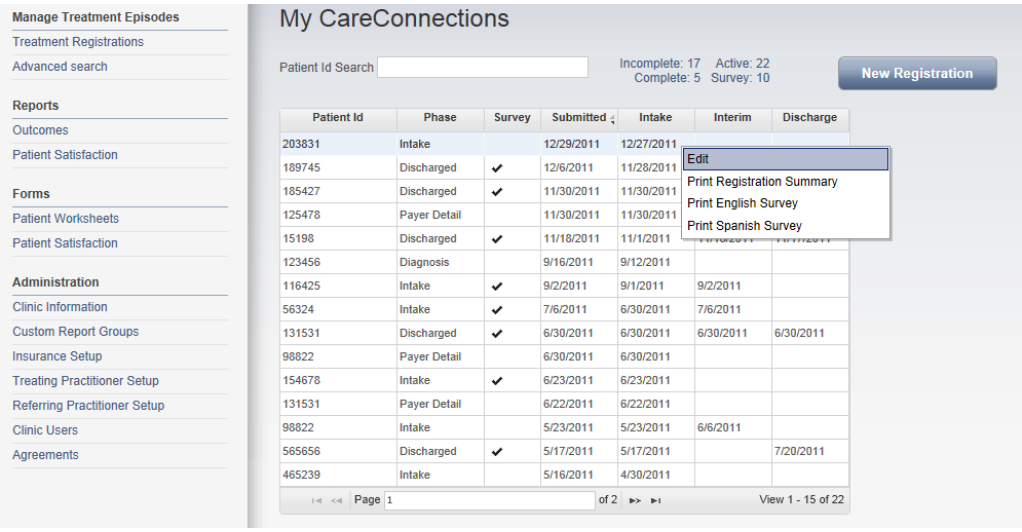



Search results will be displayed at the bottom of the page in a grid similar to your active patient list. NOTE: If you search for Inactive/Reported Registrations, you will not be allowed to edit the registration but will instead be able to view a Registration Summary.



## Registration Actions

Once you have patients in your Treatment Registrations list, you may right click on a record to perform the following actions: Edit, Print Registration Summary, *Print English Survey, or *Print Spanish Survey.




**Edit**: Select Edit to open registration in editing mode (you may also double-click on a registration to edit). Records may be edited until they have been included in quarterly reports.

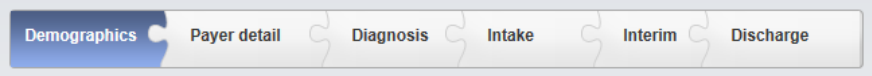
**Print Registration**: Print a registration summary for inclusion in patient chart. Summary includes all completed registration fields.

***Print English Survey**: Print a bar-coded patient satisfaction survey for a patient to complete. Once survey is printed, Treatment Registration Grid will show a check mark in the Survey column to indicate that the survey has been printed.

***Print Spanish Survey**: Print a Spanish version of a bar-coded patient satisfaction survey for a patient to complete. Once survey is printed, Treatment Registration Grid will show a check mark in the Survey column to indicate that the survey has been printed.

## Registration Phases

The record grid shows the current "Phase" of a registration so that you can determine completion status. Only when Phase reads "Discharged" will a registration be available for reporting.



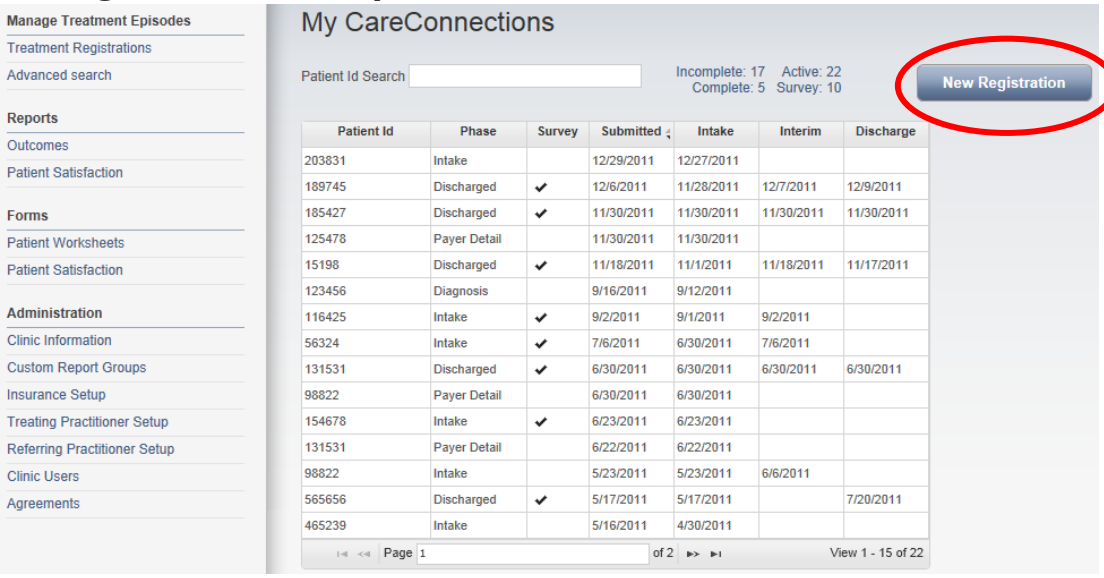

Registration phases include Demographics, Payer Detail, Diagnosis, Intake, Interim, and Discharge. The registration grid will always show the name of the phase that was last completed on a patient registration and will automatically open to the next appropriate phase when registration is accessed for editing or completion.

Patient Satisfaction Only subscribers will have a modified set of registration phases, as follows.

** - Only available to Patient Satisfaction Subscribers*

# V. Ready to Enter Data

## Manage Treatment Episodes


Manage Treatment Episodes
Treatment Registrations
Advanced search
Reports
Outcomes
Patient Satisfaction
Forms
Patient Worksheets
Patient Satisfaction
Administration
Clinic Information
Custom Report Groups
Insurance Setup
Treating Practitioner Setup
Referring Practitioner Setup
Clinic Users
Agreements
My CareConnections
Patient Id Search
Incomplete: 17 Active: 22
Complete: 5 Survey: 10
New Registration
Patient Id | Phase | Survey | Submitted | Intake | Interim | Discharge
203831 | Intake | | 12/29/2011 | 12/27/2011 | | |
189745 | Discharged | ✔ | 12/6/2011 | 11/28/2011 | 12/7/2011 | 12/9/2011
185427 | Discharged | ✔ | 11/30/2011 | 11/30/2011 | 11/30/2011 | 11/30/2011
125478 | Payer Detail | | 11/30/2011 | 11/30/2011 | | |
15198 | Discharged | ✔ | 11/18/2011 | 11/1/2011 | 11/18/2011 | 11/17/2011
123456 | Diagnosis | | 9/16/2011 | 9/12/2011 | | |
116425 | Intake | ✔ | 9/2/2011 | 9/1/2011 | 9/2/2011 | |
56324 | Intake | ✔ | 7/6/2011 | 6/30/2011 | 7/6/2011 | |
131531 | Discharged | ✔ | 6/30/2011 | 6/30/2011 | 6/30/2011 | 6/30/2011
98822 | Payer Detail | | 6/30/2011 | 6/30/2011 | | |
154678 | Intake | ✔ | 6/23/2011 | 6/23/2011 | | |
131531 | Payer Detail | | 6/22/2011 | 6/22/2011 | | |
98822 | Intake | | 5/23/2011 | 5/23/2011 | 6/6/2011 | |
565656 | Discharged | ✔ | 5/17/2011 | 5/17/2011 | | 7/20/2011
465239 | Intake | | 5/16/2011 | 4/30/2011 | | |
Page 1 of 2
View 1 - 15 of 22

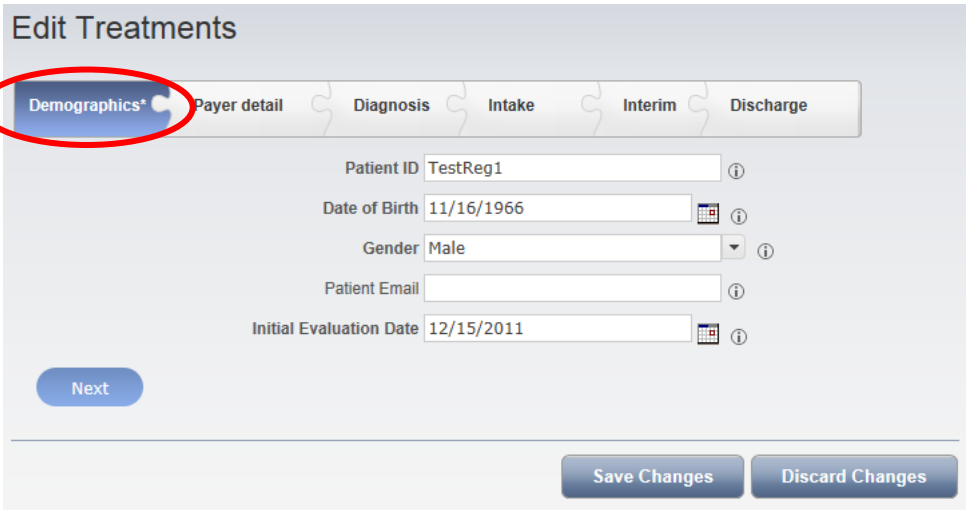
**New Registration**

Click the New Registration button to start a new patient registration. Registrations are broken down into phases and may be saved after completion of each phase. You may also close a registration after saving any completed phase and return later to edit or enter additional information. ***Patient Satisfaction*** subscribers need only complete the Demographics phase in order to generate a bar-coded patient satisfaction survey, though they will need to complete Payer Detail, Diagnosis, Intake, and Discharge phases in order to complete the registration and make it available for reporting. (See pages 37-38 for details on generating patient satisfaction surveys).

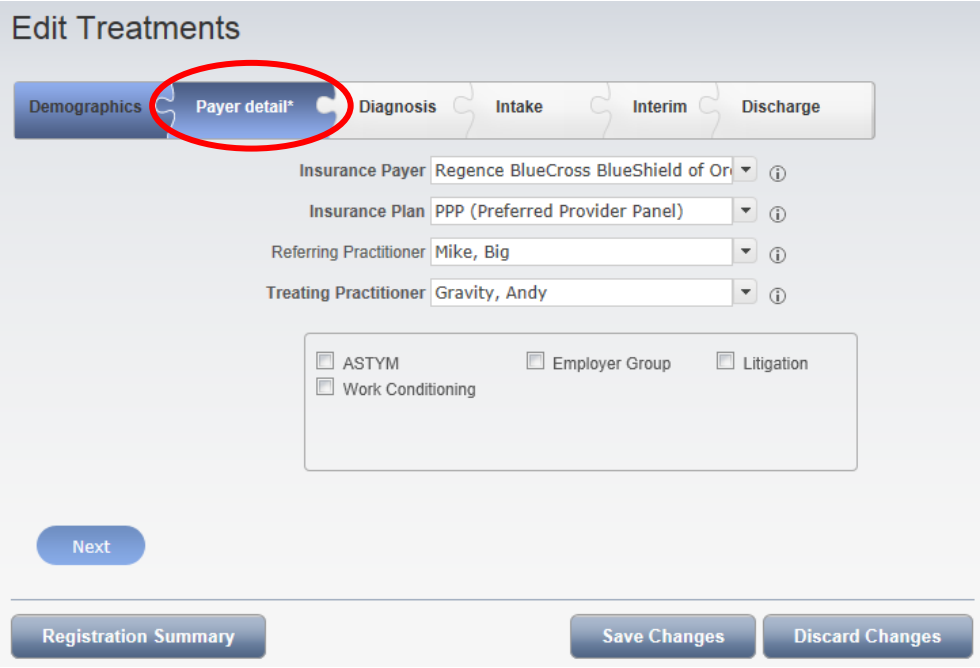
Required registration fields are noted by a **bold text heading**. Required fields must be completed in order to save a registration phase.

**Demographics**: This phase represents the minimum amount of information required to save a patient registration in CareConnections. Saving demographic information allows you print a bar-coded patient satisfaction survey for a patient before completing the rest of the registration phases.

Once Demographic information is complete, click on Save Changes to save record or click on Next to save and continue with registration.

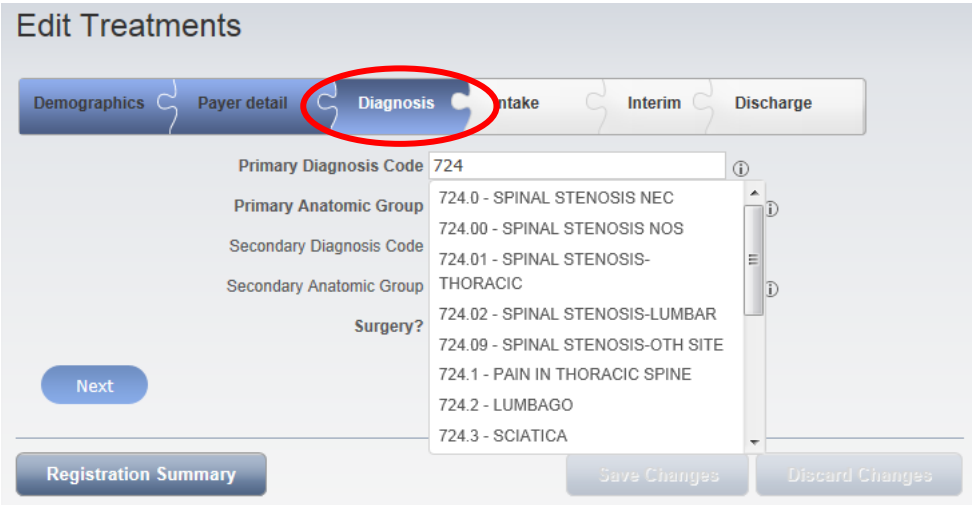


**Payer Detail**: All Payer Detail fields must be set up in Administration before names will be available in your pick lists. If you are unable to find the appropriate name, you must return to Administration and add the appropriate name to your list (see pages 12-20 for more information on Administration). Once all required information is complete, click on Save Changes to save record or click on Next to save and continue with registration.



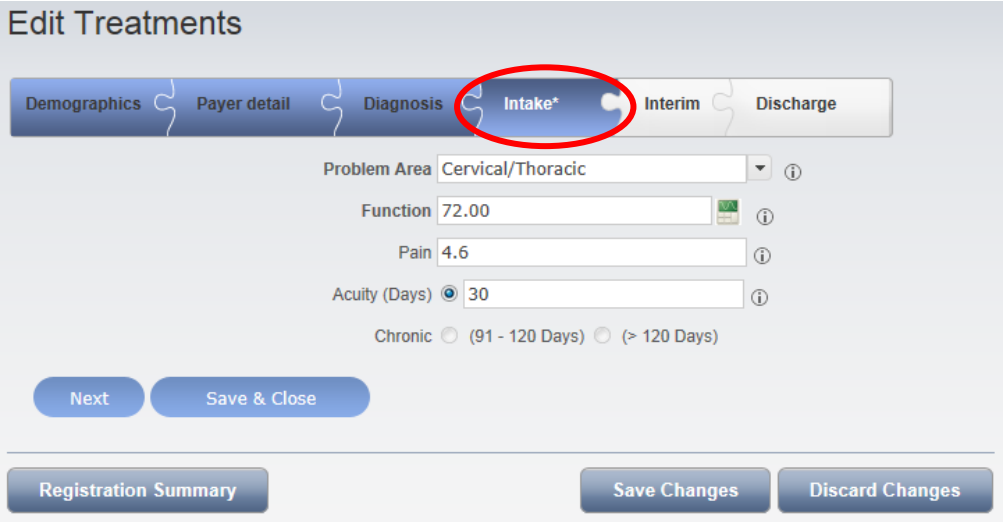

**Diagnosis**: Complete Primary Diagnosis code (ICD-9) and Anatomic Group to identify patient condition. As you begin to enter ICD-9 code, a drop down list of options will load. Select the appropriate code from the list in order for the code to be recognized as valid.

Secondary Diagnosis and Anatomic Group may also be completed where applicable. Complete the "Surgery?" field to indicate if surgery is relevant to the patient's condition. Options include Non-Surgical, Post-Surgical, and Pre-Surgical. Once all required information is complete, click on Save Changes to save record or click on Next to save and continue with registration.



**Intake**: Outcomes data collected at initial evaluation makes up Patient Intake. Once all required information is complete, click on Save Changes to save record, click on Next to save and continue with registration, or click on Save & Close to save changes and return to active patient list.

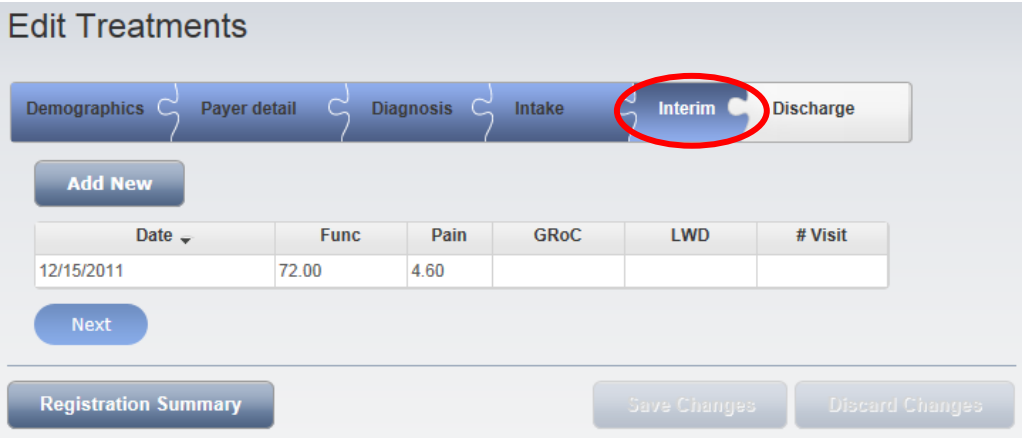
**Function Calculator**: Function may be calculated manually, or you may choose to use the Function Calculator (click on Calculator link next to Function field). Questions that display in the Calculator depend on the Problem Area you select. Be sure Problem Area matches the form completed by the patient. See "Scoring the Patient Worksheet" on pages 6-7 of this manual for additional information on scoring.




NOTE: After saving Intake information, a registration summary will automatically open to display a summary of information entered up through Intake. Close the summary to continue with registration.

**Interim**: Interim assessments are not required. However, you may choose to collect and enter Interim Assessments in order to 1) capture a final data point for self-discharging patients, 2) to view patient progress throughout treatment, or 3) to allow treating practitioner to establish and track patient goals in relation to the CareConnections functional index.

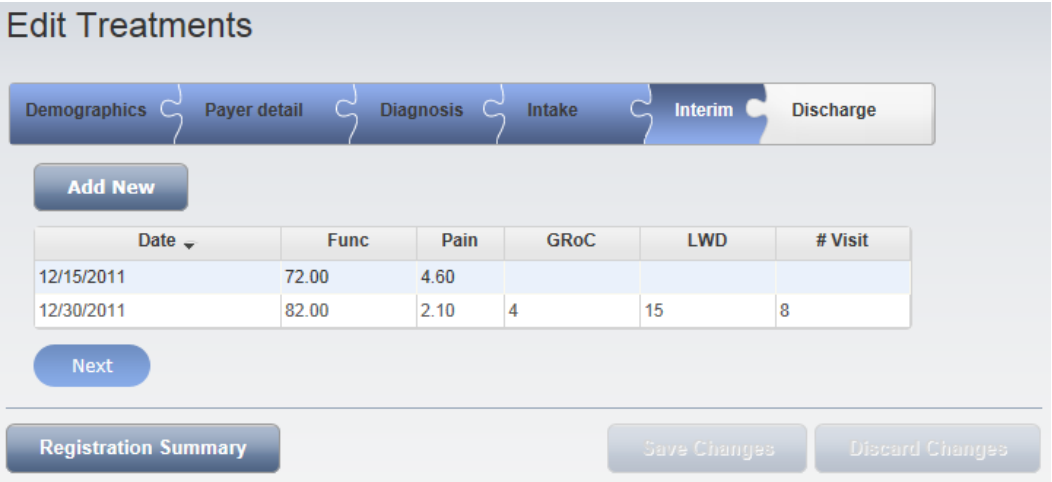
The Interim phase will show a running treatment history, including the Intake assessment. To add an Interim Assessment, click on the Add New button to open the assessment form.




Again, *Interim Assessments are optional.*

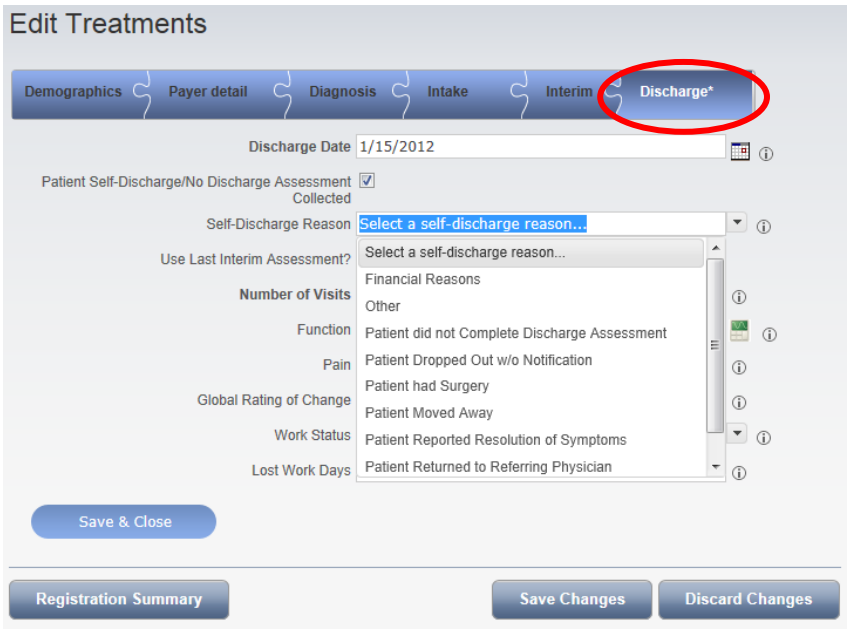
**Interim Continued:** After clicking on Add New, complete the assessment form. Once all required information is complete, click on Save Changes to save record, click on Save to save and close the assessment form, or click Cancel to abort entry of the Interim assessment.

Once Interim assessment is saved, you will see a summary of assessment information. When ready to proceed to Discharge, click on the Next button.

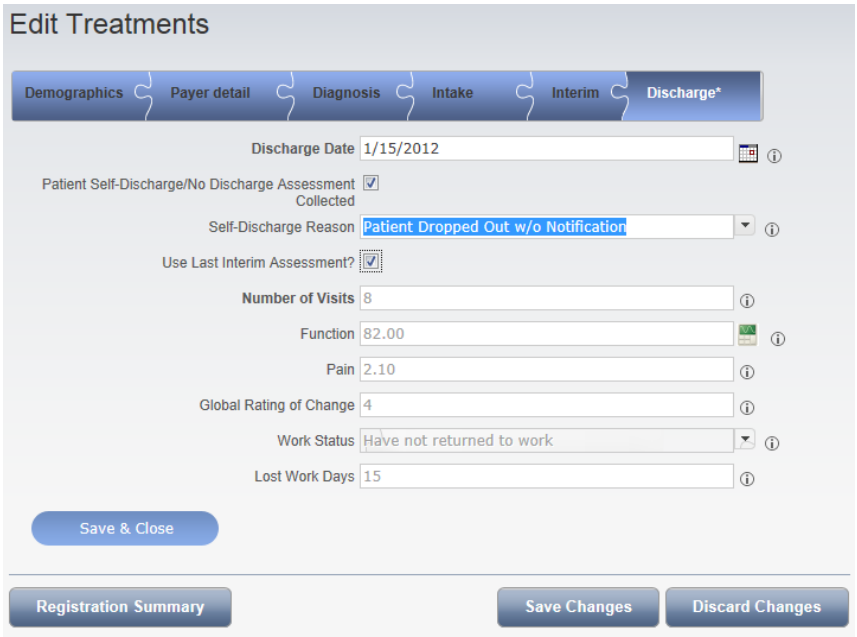


**Discharge**: Final outcomes data collected either at patient discharge or interim assessment can be entered to complete the registration. In order for a patient record to be completed and reported on, discharge information must be provided. There are 3 different possibilities to consider when entering patient discharge information.

1. **Self Discharge (no outcomes)**: If patient discharges without filling out interim or discharge outcomes, check the "Patient Self-Discharge/No Discharge Assessment Collected" box and enter Discharge Date (date patient was last seen), Self-Discharge Reason, and Number of Visits (up to date patient was last seen). This will complete the record.

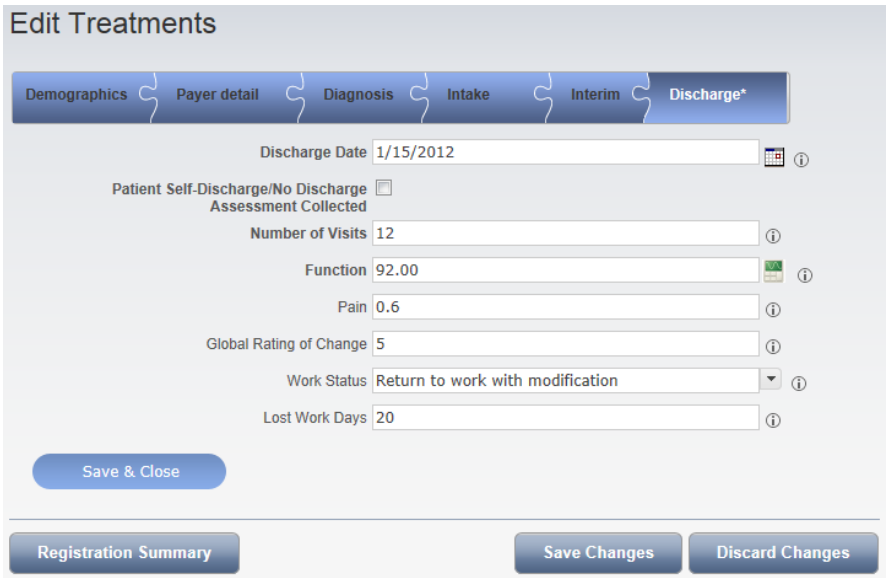



2. **Self Discharge (Interim Assessment collected)**: If patient self discharged but was able to complete an interim assessment, you may 1) check the "Patient Self-Discharge/No Discharge Assessment Collected" box and enter discharge values or 2) check the "Patient Self-Discharge/No Discharge Assessment Collected" box and the "Use Last Interim Assessment" box to automatically populate the Discharge phase with your last recorded interim assessment. NOTE: You may only check the "Use Last Interim Assessment" option if you previously recorded outcomes information for an interim assessment.



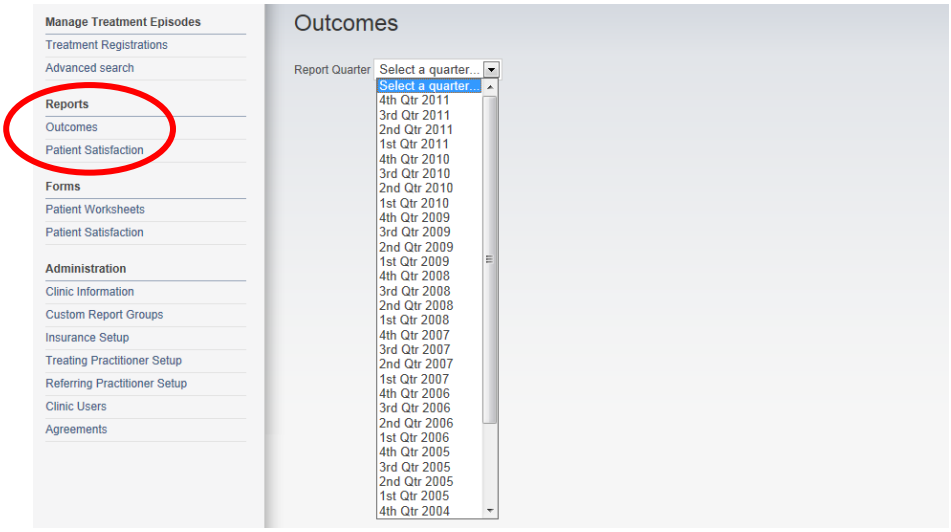
3. **Discharged by Clinic**: If patient completes treatment and fills out outcomes information on last visit, do not check the "Patient Self-Discharge/No Discharge Assessment Collected" box. Simply complete all other required fields and save your changes to complete the registration.

   Click on Save Changes to save or click on Save & Close to save registration and return to your active patient list.

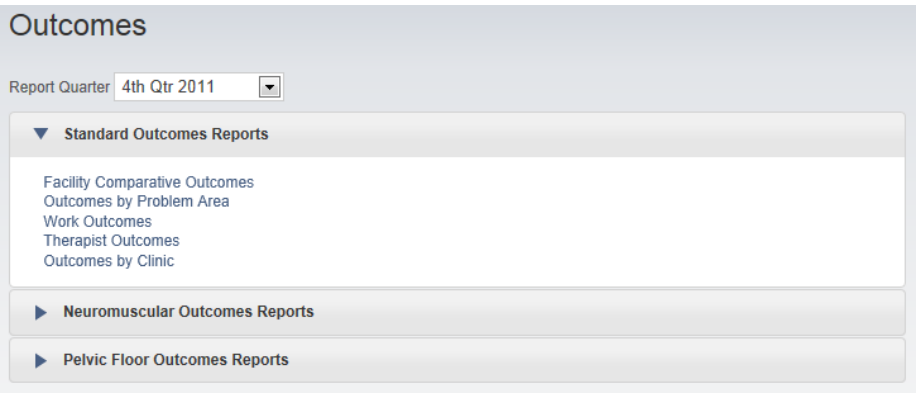


## Reports

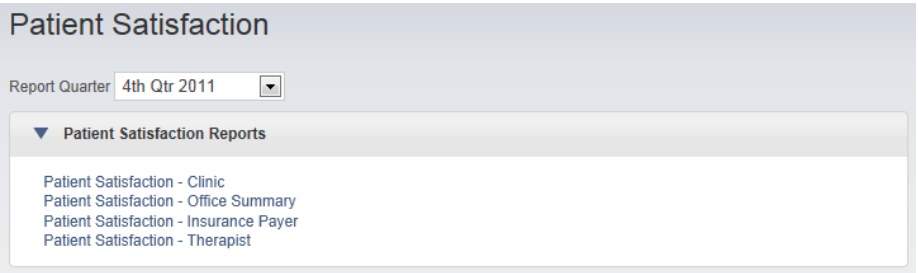
**Reports**: Quarterly Outcomes and Patient Satisfaction Reports will be posted here when they become available. Click on the report category you wish to view (Outcomes or Patient Satisfaction) and select a reporting quarter from the dropdown list to see a list of available report links. If no reports show for your clinic, it means that you have no complete outcomes information entered for the specified reporting quarter.




Outcomes Reports




*Patient Satisfaction Reports

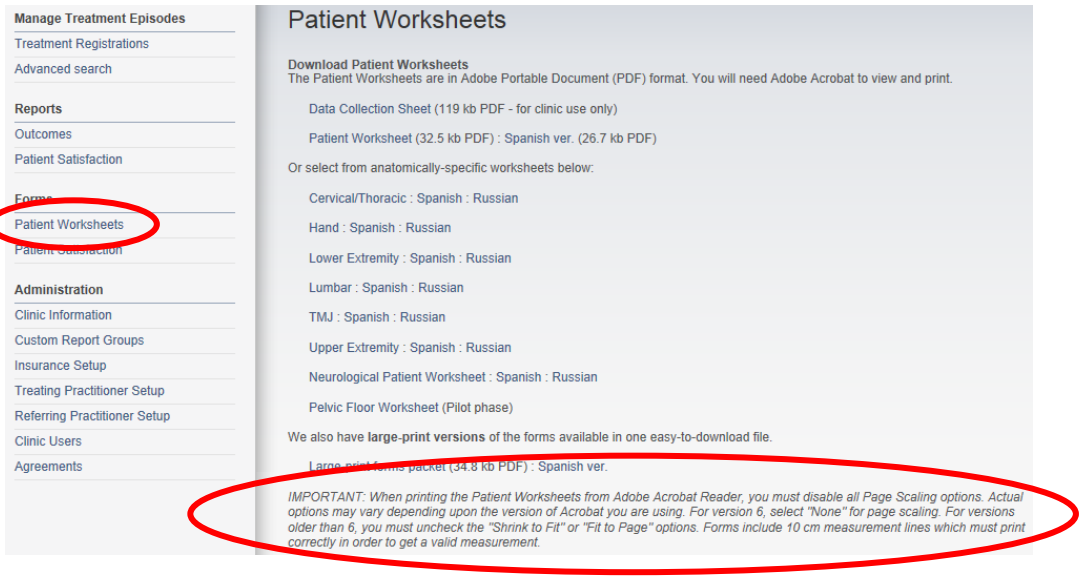



For an explanation of reports and report terminology, go to pages 52-71 of this manual. You may also review a report glossary on the public CareConnections site by going to https://www.careconnections.com/outcomes/reports.aspx for Outcomes or http://www.careconnections.com/patientSatisfaction/reports.aspx for Patient Satisfaction.

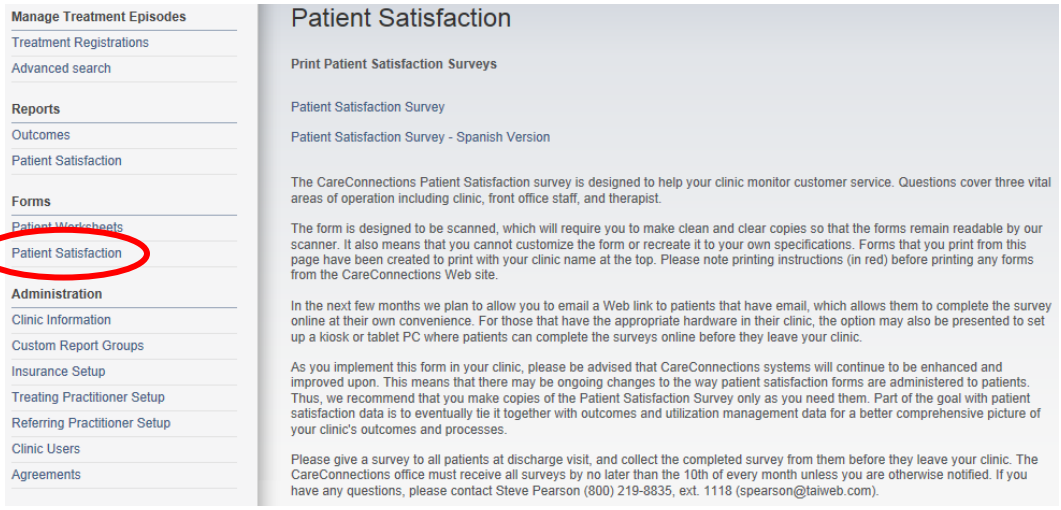
** - Only available to Patient Satisfaction Subscribers*

## Forms

**Patient Worksheets**: This link takes you to a listing of available Patient Worksheets. Most forms are also available in Spanish and Russian. Adobe Reader is required to view and print forms. A free version of the program may be downloaded from www.adobe.com. Note printing instructions at the bottom of the page when printing patient worksheets. In the Adobe Reader print dialogue box, you must set Page Scaling to "None" for forms to print at the proper scale.


Manage Treatment Episodes
Treatment Registrations
Advanced search
Reports
Outcomes
Patient Satisfaction
Forms
Patient Worksheets
Administration
Clinic Information
Custom Report Groups
Insurance Setup
Treating Practitioner Setup
Referring Practitioner Setup
Clinic Users
Agreements
Patient Worksheets
Download Patient Worksheets
The Patient Worksheets are in Adobe Portable Document (PDF) format. You will need Adobe Acrobat to view and print.
Data Collection Sheet (119 kb PDF - for clinic use only)
Patient Worksheet (32.5 kb PDF) : Spanish ver. (26.7 kb PDF)
Or select from anatomically-specific worksheets below:
Cervical/Thoracic : Spanish : Russian
Hand : Spanish : Russian
Lower Extremity : Spanish : Russian
Lumbar : Spanish : Russian
TMJ : Spanish : Russian
Upper Extremity : Spanish : Russian
Neurological Patient Worksheet : Spanish : Russian
Pelvic Floor Worksheet (Pilot phase)
We also have large-print versions of the forms available in one easy-to-download file.
Large print forms packet (34.8 kb PDF) : Spanish ver.
IMPORTANT: When printing the Patient Worksheets from Adobe Acrobat Reader, you must disable all Page Scaling options. Actual options may vary depending upon the version of Acrobat you are using. For version 6, select "None" for page scaling. For versions older than 6, you must uncheck the "Shrink to Fit" or "Fit to Page" options. Forms include 10 cm measurement lines which must print correctly in order to get a valid measurement.

**Patient Satisfaction**: This link allows you to print a **generic** Patient Satisfaction survey (i.e. not bar-coded). This survey is also available in Spanish. ***NOTE:*** *Generic surveys cannot be tied back to patient or patient outcomes and should be used only when there is no patient registration available for printing a bar-coded satisfaction survey.* ***See page 37*** *to learn more about printing bar-coded Patient Satisfaction Surveys.*


Manage Treatment Episodes
Treatment Registrations
Advanced search
Reports
Outcomes
Patient Satisfaction
Forms
Patient Worksheets
Patient Satisfaction
Administration
Clinic Information
Custom Report Groups
Insurance Setup
Treating Practitioner Setup
Referring Practitioner Setup
Clinic Users
Agreements
Patient Satisfaction
Print Patient Satisfaction Surveys
Patient Satisfaction Survey
Patient Satisfaction Survey - Spanish Version
The CareConnections Patient Satisfaction survey is designed to help your clinic monitor customer service. Questions cover three vital areas of operation including clinic, front office staff, and therapist.
The form is designed to be scanned, which will require you to make clean and clear copies so that the forms remain readable by our scanner. It also means that you cannot customize the form or recreate it to your own specifications. Forms that you print from this page have been created to print with your clinic name at the top. Please note printing instructions (in red) before printing any forms from the CareConnections Web site.
In the next few months we plan to allow you to email a Web link to patients that have email, which allows them to complete the survey online at their own convenience. For those that have the appropriate hardware in their clinic, the option may also be presented to set up a kiosk or tablet PC where patients can complete the surveys online before they leave your clinic.
As you implement this form in your clinic, please be advised that CareConnections systems will continue to be enhanced and improved upon. This means that there may be ongoing changes to the way patient satisfaction forms are administered to patients. Thus, we recommend that you make copies of the Patient Satisfaction Survey only as you need them. Part of the goal with patient satisfaction data is to eventually tie it together with outcomes and utilization management data for a better comprehensive picture of your clinic's outcomes and processes.
Please give a survey to all patients at discharge visit, and collect the completed survey from them before they leave your clinic. The CareConnections office must receive all surveys by no later than the 10th of every month unless you are otherwise notified. If you have any questions, please contact Steve Pearson (800) 219-8835, ext. 1118 (spearson@taiweb.com).

# VI. Overview of Outcomes Data Entry Fields

An overview of the various data entry fields will help you to better understand where to input information from the Patient Worksheet. Please read this section entirely before entering any patient data.

## Data Entry Fields:

**** - Required field** - You must enter a value in order for your record to be saved
***** - **Conditionally required field** - Field required based on answer to related field

**DEMOGRAPHICS**

1. ****Patient ID** - **required** - enter your clinic's identification for the patient. Enter patient name, code, or ID number (you will need to assign an ID to each patient you enter). Please do not use patient Social Security numbers.
2. ****Date of Birth** - **required** - enter patient's date of birth. NOTE: dates must be entered in MM/DD/YYYY format.
3. ****Gender – required** – select patient's gender from dropdown list (Male or Female).
4. **Patient email** – Enter patient's email address, if available. Future additions to CareConnections will allow for outcomes patient worksheets and patient satisfaction surveys to be emailed to patients who give their email address. NOTE: This feature is not yet available.
5. ****Initial Evaluation Date – required** – Date of initial patient evaluation. NOTE: dates must be entered in MM/DD/YYYY format.

**PAYER DETAIL**

Payer Detail fields must be set up in Administration before names will be available in your pick lists. If you are unable to find the appropriate name, you must return to Administration and add the appropriate name to your list.

1. ****Insurance Payer – required** – select patient's insurance payer from dropdown list. A list of common national insurance payers has already been provided for you when you begin using CareConnections. For lesser used insurances that you do not need to track outcomes for, please select "*UNLISTED" as the insurance payer, and choose one of the basic UNLISTED insurance plans (UNLISTED has been provided as one of your drop down selections when you begin using CareConnections).
2. ****Insurance Plan – required** – select insurance plan from dropdown list. This dropdown list will include plans that fall under Insurance Payer. The Insurance Payer must be selected before the Plan can be selected.
3. **Referring Practitioner** – select referring practitioner from dropdown list.
4. ****Treating Practitioner – required** - select the practitioner who performed the initial evaluation and who will be writing and overseeing the patient's care plan.
5. **Custom Report Groups** – these check boxes can be customized by the clinic to track additional information, such as employers or other patient demographic data not represented on clinic intake forms. Custom reports may later be generated using this data. To add a report group from your custom list, simply check the box(es) next to the appropriate Custom Report Group(s).

**DIAGNOSIS**

1. ****Primary Diagnosis Code (ICD-9) – required** – enter Primary ICD-9 code that best reflects the patient's diagnosis, per therapy evaluation. Primary diagnosis is used to identify potentially applicable Guidelines and more specific reporting parameters for your clinic. **NOTE:** Diagnosis codes are to be used at their highest number of digits available. Specifically, use a three-digit code only if there are no four- or five-digit codes within that code category. Use a four-digit code only if there are no five-digit codes for that category. Use a five-digit code whenever they exist in a code category. Enter first 3 digits to populate a drop down list of valid codes to choose from.
2. ****Primary Anatomic Group – required** – select the Anatomic Group from the dropdown list that reflects the patient's physical area of treatment. This should relate to the Primary ICD-9.
3. **Secondary Diagnosis Code (ICD-9)** – if the patient has a secondary diagnosis, enter the Secondary ICD-9 code that reflects the patient's secondary diagnosis, per therapy evaluation.
4. ***Secondary Anatomic Group** – select appropriate Anatomic Group from the dropdown list that reflects patient's secondary diagnosis, if applicable (only required if secondary diagnosis completed). This should relate to the Secondary ICD-9.
5. ****Surgery?** – Indicate whether surgery is applicable to patient's condition. Options include Non-surgical, Post-surgical, and Pre-surgical.

**INTAKE**

1. ****Problem Area –** Select problem area as indicated on completed Patient Worksheet. Available Problem Areas relate to your selections for Primary and Secondary Anatomical Group in Diagnosis Phase.
2. ****Function -** Score tallied from 'Functional Index' on Initial Patient Worksheet. This value will always fall between 0 and 100. Always use patient's *initial* worksheet for Intake score. See also "Scoring the Patient Worksheet" (page 6), or use Function Calculator to determine score. NOTE: An initial function value of 100 denotes a patient that is at 100% functional ability. Patients in these cases will not be able to report any functional gain as a result.
3. **Pain -** Score measured from 'Pain Index' on Initial Patient Worksheet. This value will always fall between 0 and 10. Always use patient's *initial* worksheet for Intake score. See also "Scoring the Patient Worksheet" (page 7). NOTE: An initial pain value of 0 denotes a patient that is pain free. Patients in these cases will not be able to report any decrease in pain as a result.
4. **Acuity Days -** Number of days between onset of condition (or exacerbation of symptoms if condition is recurring) and initial evaluation date in your clinic. Always enter number of days if patient completes this question. If Acuity is greater than 90 or 120 days, you may still enter the value, but you may choose to check the box indicating a chronic condition as well.

**INTERIM AND DISCHARGE**

Fields for Interim and Discharge phases are mostly the same. Required fields will be the same for both Interim and Discharge Assessments.

1. ****Assessment Date/Discharge Date –** Fill in patient assessment or discharge date. NOTE: dates must be entered in MM/DD/YYYY format.
2. ***Patient Self-Discharge/No Discharge Assessment Collected? –** Check this box only when dealing with a patient that drops out of treatment prior to discharge.
3. ***Self-Discharge Reason** – This field is only available when 'Patient Self-Discharge/No Discharge Assessment Collected' box is checked. Choose the best selection to indicate why

patient failed to complete treatment. If none of the reasons apply, you may choose "Other" to specify a different reason.

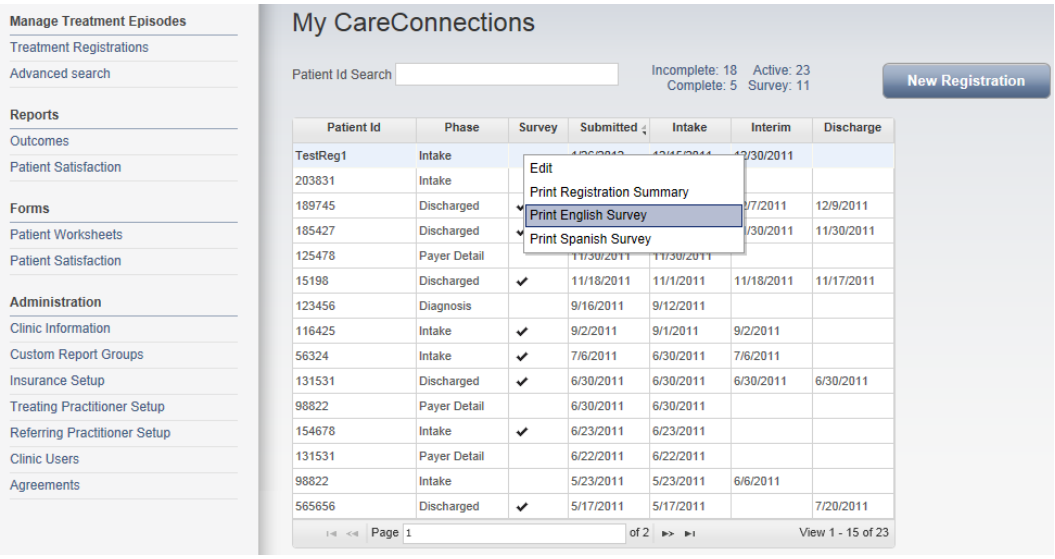
4. ***Use Last Interim Assessment?** – Check this box only if you collected an Interim Assessment on a patient that drops out of treatment prior to discharge. Checking this box will automatically populate your Discharge fields with Interim Assessment scores.
5. ****Number of Visits** – Number of visits for patient episode of care.
6. ****Function -** Score tallied from 'Functional Index' on Interim/Discharge Patient Worksheet. This value will always fall between 0 and 100. Always use patient's *Interim or Discharge* worksheet for Interim or Discharge score. NOTE: Final function should be higher than initial function score if the patient has improved. If you measure an interim or final function score that is less than initial function value, please check your scoring to verify – this may indicate that the patient has worsened in condition, has potentially answered the wrong questions, did not understand the questions, or the index was scored incorrectly. See also "Scoring the Patient Worksheet" (page 6).
7. **Pain -** Score measured from 'Pain Index' on Interim/Discharge Patient Worksheet. This value will always fall between 0 and 10. Always use patient's *Interim or Discharge* worksheet for this score. Note that interim/final pain will usually be lower than initial pain score. If you measure a final pain score that exceeds initial pain value, please check your scoring to verify – this may indicate that the patient has increased pain, or patient may not have understood the pain scale. See also "Scoring the Patient Worksheet" (page 7).
8. **Global Rating of Change -** Score measured from 'Global Rating of Change' index on Interim/Discharge Patient Worksheet. This value will always fall between -7 and +7. Patient should only complete this section on interim or discharge visit. See also "Scoring the Patient Worksheet" (page 7).
9. **Work Status -** Select work status most applicable to patient's condition at discharge. This field should never be left blank. Choices include: Not employed outside the home, No lost work time, Return to work with modification, Return to work w/o restriction, Have not returned to work. NOTE: For patients that are retired or that are presently school-age, please select "Not employed outside the home."
10. **Lost Work Days -** Number of days patient loses from work due to condition.

# VII. Patient Satisfaction

The CareConnections Patient Satisfaction survey is designed to help your clinic monitor customer service. Questions cover three vital areas of operation, including Clinic, Front Office Staff, and Therapist.

The forms are bar coded and are designed to be scanned, which will require you to print an individual survey for each patient that you register in CareConnections. It also means that you cannot customize the form or recreate it to your own specifications. Forms printed for patients will be populated with your clinic name at the top.

To print a bar-coded survey for a registered patient, log into your CareConnections account and right-click on the appropriate patient registration in the "Treatment Registrations" grid. Select the appropriate option to Print English Survey or Print Spanish Survey.




| Patient Id | Phase | Survey | Submitted | Intake | Interim | Discharge |
|---|---|---|---|---|---|---|
| TestReg1 | Intake | | | | 3/30/2011 | |
| 203831 | Intake | | | | | |
| 189745 | Discharged | ✔ | | | 7/2011 | 12/9/2011 |
| 185427 | Discharged | ✔ | | | 30/2011 | 11/30/2011 |
| 125478 | Payer Detail | | 11/30/2011 | 11/30/2011 | | |
| 15198 | Discharged | ✔ | 11/18/2011 | 11/1/2011 | 11/18/2011 | 11/17/2011 |
| 123456 | Diagnosis | | 9/16/2011 | 9/12/2011 | | |
| 116425 | Intake | ✔ | 9/2/2011 | 9/1/2011 | 9/2/2011 | |
| 56324 | Intake | ✔ | 7/6/2011 | 6/30/2011 | 7/6/2011 | |
| 131531 | Discharged | ✔ | 6/30/2011 | 6/30/2011 | 6/30/2011 | 6/30/2011 |
| 98822 | Payer Detail | | 6/30/2011 | 6/30/2011 | | |
| 154678 | Intake | ✔ | 6/23/2011 | 6/23/2011 | | |
| 131531 | Payer Detail | | 6/22/2011 | 6/22/2011 | | |
| 98822 | Intake | | 5/23/2011 | 5/23/2011 | 6/6/2011 | |
| 565656 | Discharged | ✔ | 5/17/2011 | 5/17/2011 | | 7/20/2011 |

## Generating a Bar-coded Survey

In order to save a registration and print a satisfaction survey, **you must complete at a minimum the Demographics phase.** Following is an example of the process to follow in order to administer a Patient Satisfaction Survey to a patient.

1. On initial visit, patient completes relevant Outcomes form
2. Some time before patient's last visit, clinic enters and saves patient demographic information
3. Return to Treatment Registrations page and right-click on patient registration in the active patient list (see above) to print a survey. Keep printed survey in patient's chart until you request the patient to complete it. NOTE: Patient Satisfaction survey should be given to patient at discharge, but you may choose to hand out the survey before discharge as well. You should NOT request completion of the patient satisfaction survey on initial visit unless patient is only being seen for one visit.

# Patient Satisfaction *(continued)*

**Completing Patient Satisfaction Survey Registration**

**In order to receive reports for bar-coded surveys collected from your patients, you must complete the registration.**

1. Return to patient registration and complete all registration phases to complete the record.
2. If patient self discharges without interim or discharge outcomes assessment, complete Payer Detail, Diagnosis, Intake, and Discharge phases. In the Discharge Phase, complete Patient Self Discharge information in order to complete the registration.

Patients may complete and turn in the survey to the clinic, or they can mail it directly to CareConnections at the address printed on the bottom of the survey.

Additional patient satisfaction options are in the works for the future. One of these options will allow clinics to email a web link to patients, which allows patients to complete patient satisfaction survey online at their own convenience. For those that have the appropriate hardware in their clinic, the option will also eventually be presented to set up a kiosk where patients can complete the surveys online before they leave your clinic.

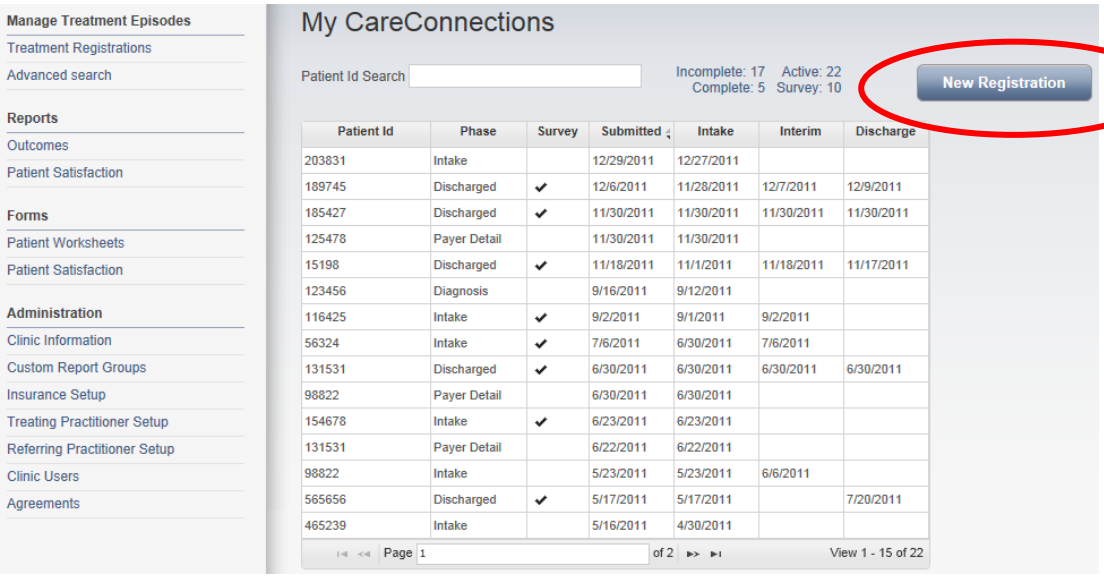
Part of the goal with patient satisfaction data is to tie it together with outcomes and utilization management data for a better comprehensive picture of your clinic's outcomes and processes. In order to establish this link, we highly recommend that you use bar-coded satisfaction surveys. Non bar-coded surveys only allow us to report satisfaction results at the clinic level.

Please give a survey to all patients at discharge visit, and try to collect the completed survey from them before they leave your clinic. The CareConnections office must receive all surveys by no later than the 10$^{th}$ of every month in order to be included in quarterly reports. If you have any questions, please contact CareConnections Support (support@careconnections.com).

# VIII. Entering Your First Record – Data Entry Walkthrough

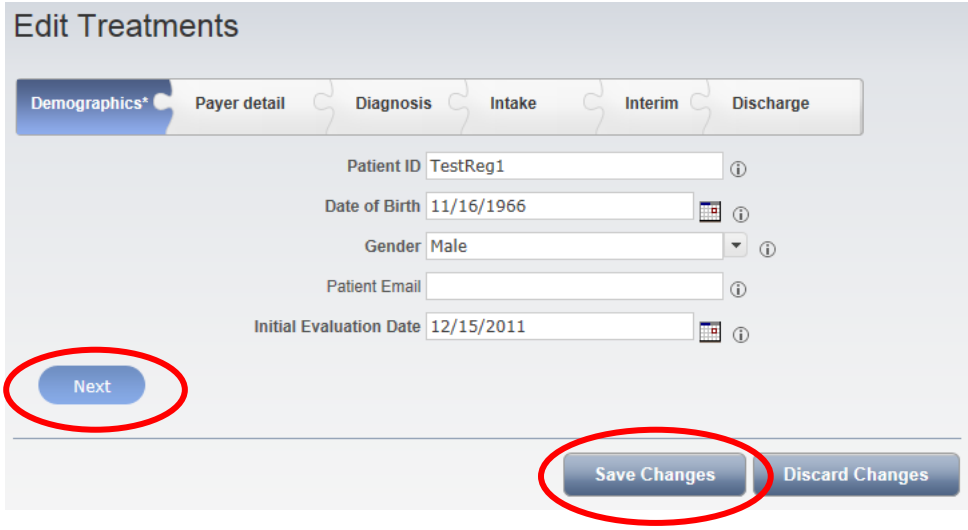
Log into CareConnections. Verify that all Administration links have been set up appropriately before proceeding to enter a new registration.

**GO TO TREATMENT REGISTRATIONS AND CLICK ON NEW REGISTRATION BUTTON**


Manage Treatment Episodes
Treatment Registrations
Advanced search
Reports
Outcomes
Patient Satisfaction
Forms
Patient Worksheets
Patient Satisfaction
Administration
Clinic Information
Custom Report Groups
Insurance Setup
Treating Practitioner Setup
Referring Practitioner Setup
Clinic Users
Agreements
My CareConnections
Patient Id Search
Incomplete: 17 Active: 22
Complete: 5 Survey: 10
New Registration
Patient Id | Phase | Survey | Submitted | Intake | Interim | Discharge
203831 | Intake | | 12/29/2011 | 12/27/2011 | | |
189745 | Discharged | ✔ | 12/6/2011 | 11/28/2011 | 12/7/2011 | 12/9/2011
185427 | Discharged | ✔ | 11/30/2011 | 11/30/2011 | 11/30/2011 | 11/30/2011
125478 | Payer Detail | | 11/30/2011 | 11/30/2011 | | |
15198 | Discharged | ✔ | 11/18/2011 | 11/1/2011 | 11/18/2011 | 11/17/2011
123456 | Diagnosis | | 9/16/2011 | 9/12/2011 | | |
116425 | Intake | ✔ | 9/2/2011 | 9/1/2011 | 9/2/2011 | |
56324 | Intake | ✔ | 7/6/2011 | 6/30/2011 | 7/6/2011 | |
131531 | Discharged | ✔ | 6/30/2011 | 6/30/2011 | 6/30/2011 | 6/30/2011
98822 | Payer Detail | | 6/30/2011 | 6/30/2011 | | |
154678 | Intake | ✔ | 6/23/2011 | 6/23/2011 | | |
131531 | Payer Detail | | 6/22/2011 | 6/22/2011 | | |
98822 | Intake | | 5/23/2011 | 5/23/2011 | 6/6/2011 | |
565656 | Discharged | ✔ | 5/17/2011 | 5/17/2011 | | 7/20/2011
465239 | Intake | | 5/16/2011 | 4/30/2011 | | |
Page 1 of 2
View 1 - 15 of 22

## Demographics Phase

Enter Patient ID, DOB, Gender, Patient Email (optional), and Initial Evaluation Date



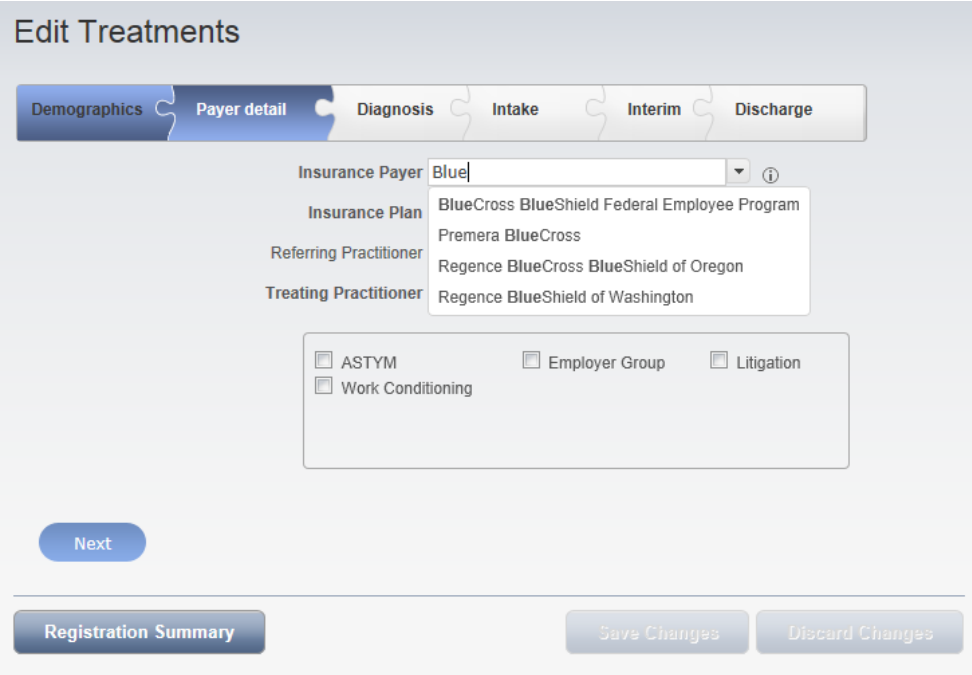

**CLICK ON SAVE CHANGES TO SAVE OR CLICK ON NEXT BUTTON TO SAVE AND PROCEED TO PAYER DETAIL PHASE**

## Payer Detail Phase

Insurance Payer, Insurance Plan, Referring Practitioner, and Treating Practitioner must be manually selected from the pull down menus. To add missing insurances or practitioners, see detailed instructions on pages 14-18.

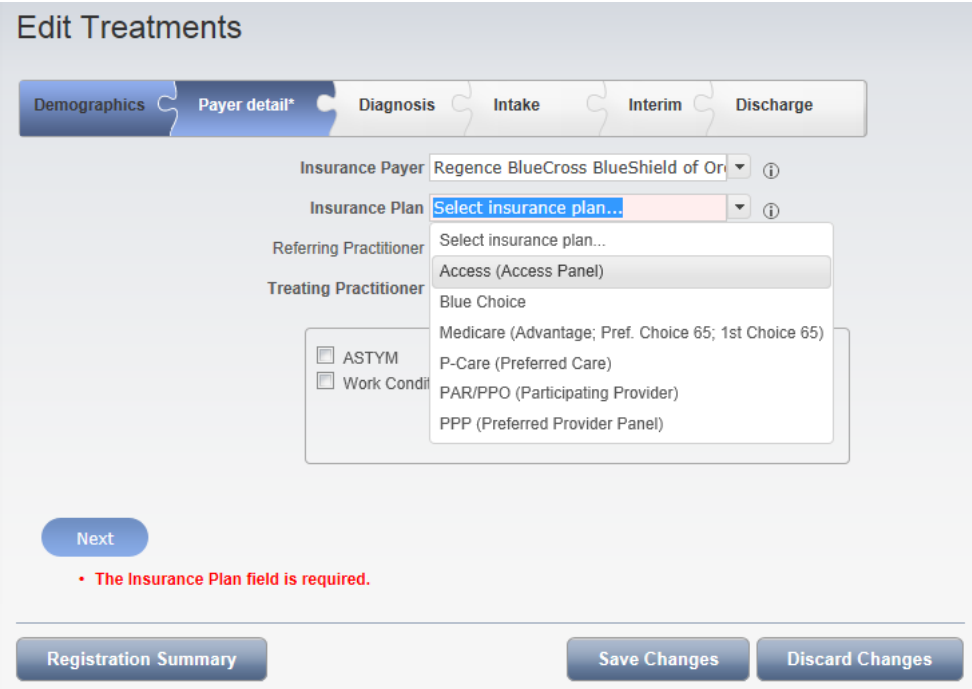
### SELECT INSURANCE PAYER

Select Insurance Payer from the pull down menu (you may type the first few characters of the name to narrow the list of options)




### SELECT INSURANCE PLAN

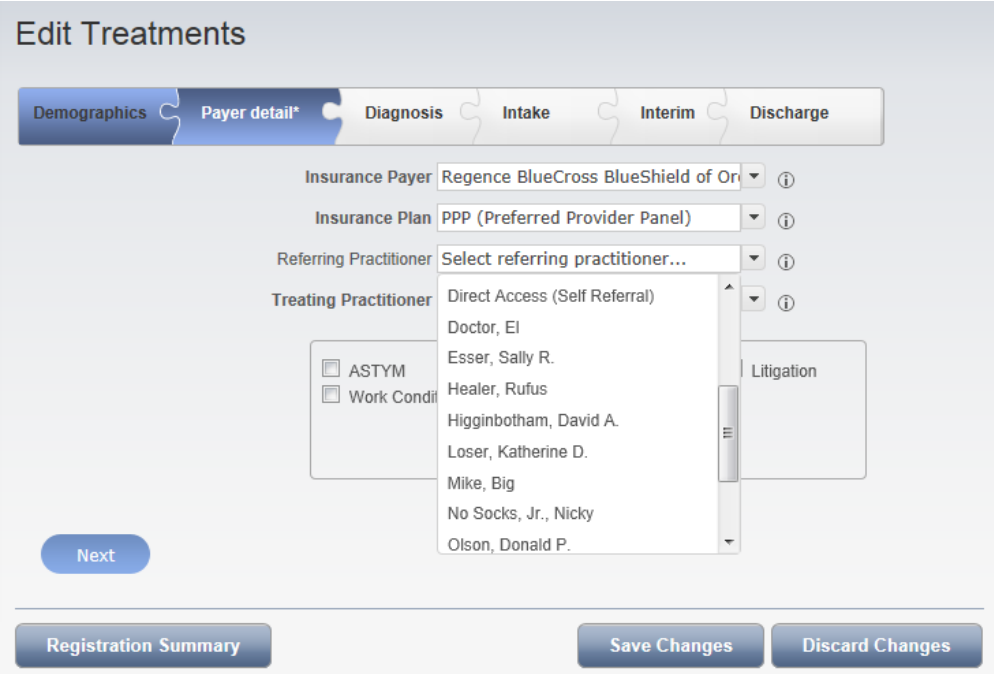
Select Insurance Plan from the pull down menu



## Payer Detail Phase Continued…

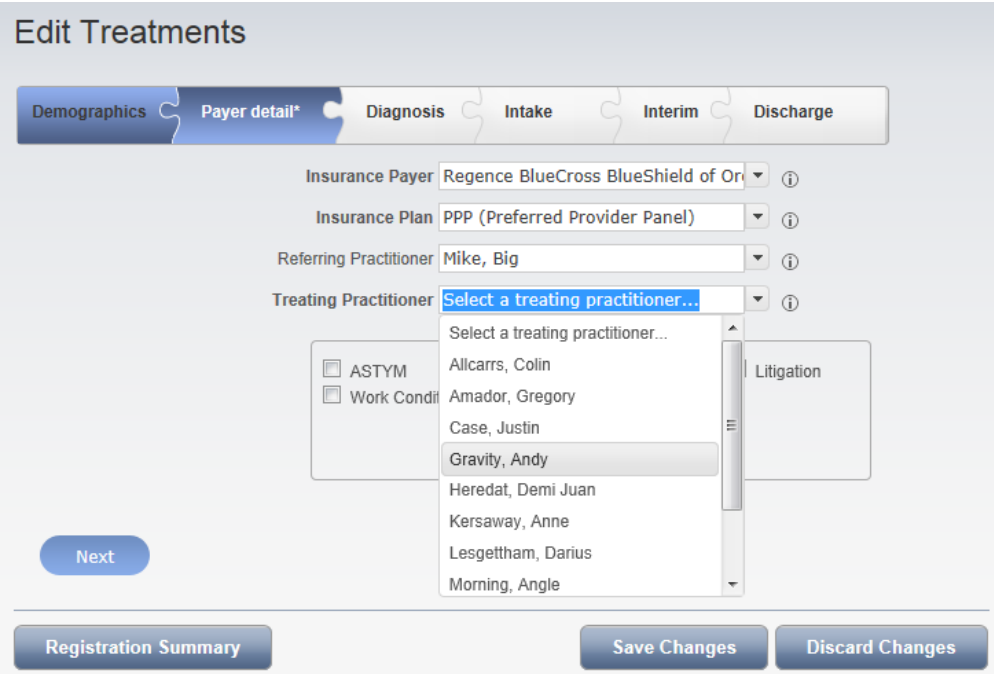
### SELECT REFERRING PRACTITIONER

Select Referring Practitioner from the pull-down menu (you may type the first few characters of the name to narrow the list of options). To add a missing referring practitioner to your list, see detailed instructions on page 18.



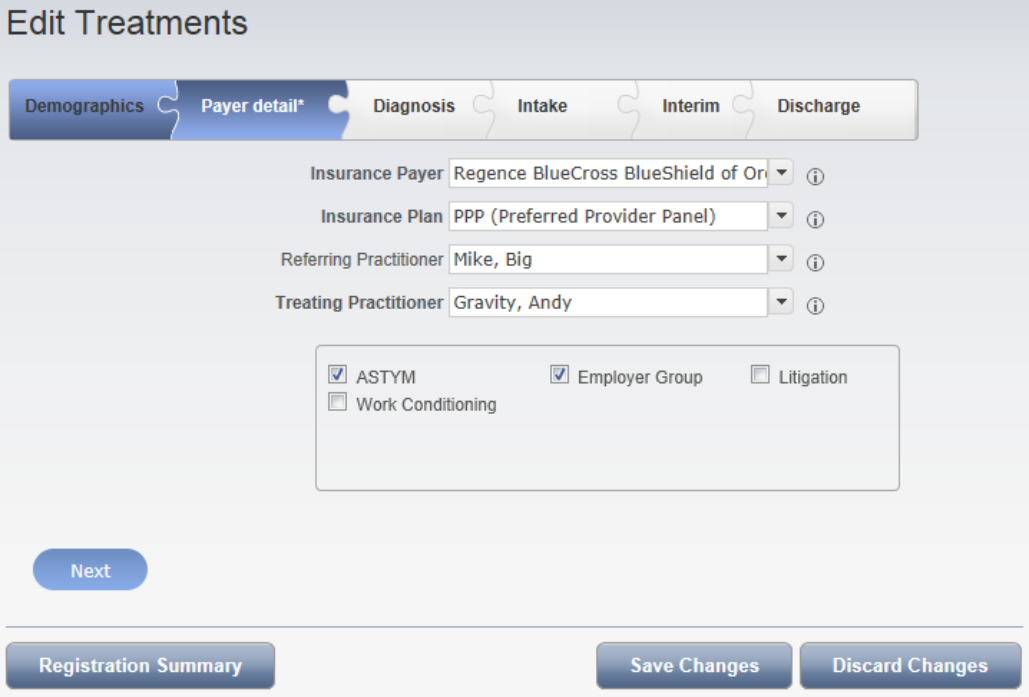

### SELECT TREATING PRACTITIONER

Select Treating Practitioner from the pull-down menu (you may type the first few characters of the name to narrow the list of options). To add a missing treating practitioner, see detailed instructions on page 17.



## Payer Detail Phase Continued…

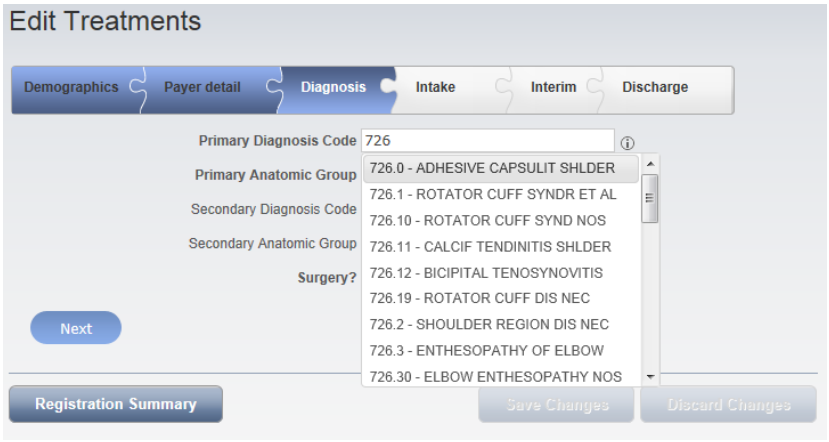
### IF APPLICABLE, SELECT APPROPRIATE CUSTOM REPORT GROUP(S)




### CLICK ON SAVE CHANGES TO SAVE OR CLICK ON NEXT BUTTON TO SAVE AND PROCEED TO DIAGNOSIS PHASE

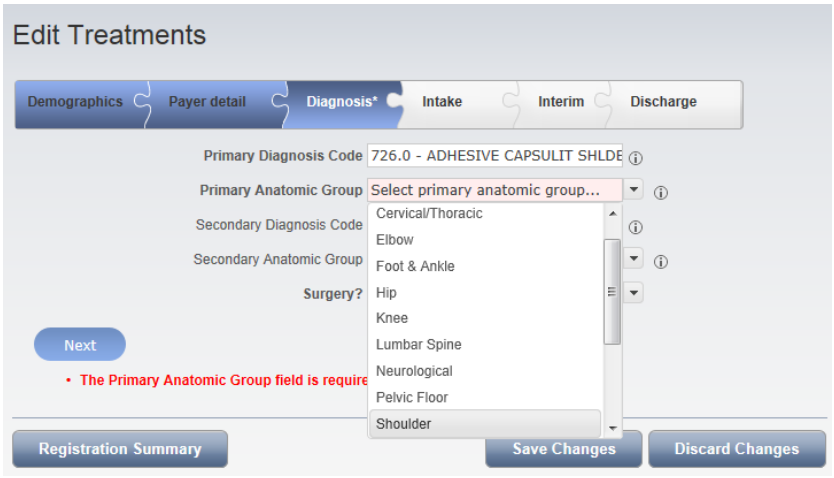
## Diagnosis Phase

### ENTER ALL DIGITS OF PRIMARY DIAGNOSIS CODE (ICD-9) AND SELECT APPROPRIATE CODE FROM DROPDOWN LIST



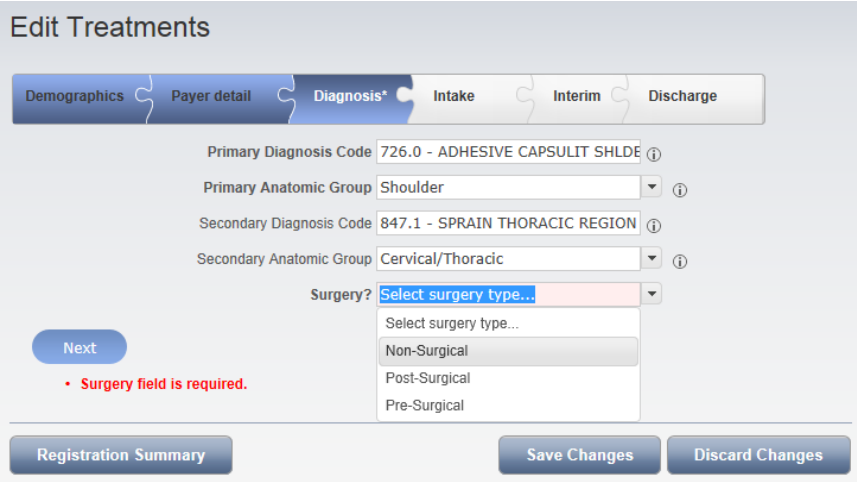

Note: After entering the first 3 characters of the ICD-9 code, a list of valid codes will appear in a drop-down list. Select the appropriate code from the list.

### SELECT ANATOMIC GROUP ASSOCIATED WITH THE DIAGNOSIS CODE FROM THE DROPDOWN LIST



## Diagnosis Phase Continued…

**IF APPLICABLE, ENTER SECONDARY DIAGNOSIS CODE AND SELECT SECONDARY ANATOMIC GROUP**



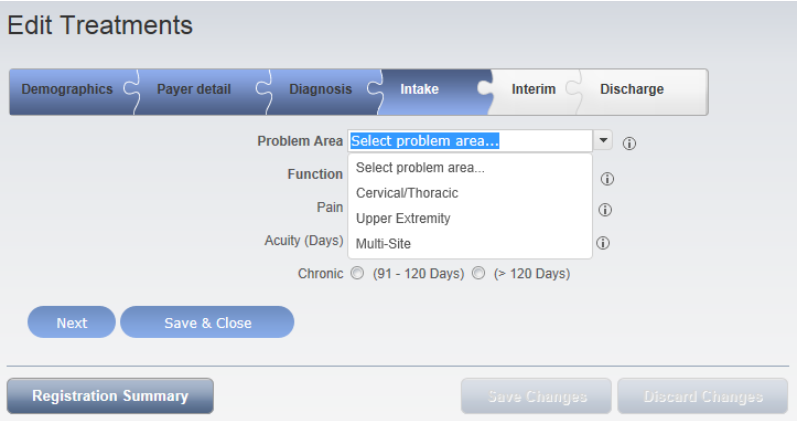

**SELECT SURGERY TYPE TO INDICATE IF SURGERY IS RELEVANT TO PATIENT TREATMENT**

**CLICK ON SAVE CHANGES TO SAVE OR CLICK ON NEXT BUTTON TO SAVE AND PROCEED TO INTAKE PHASE**

## Intake Phase

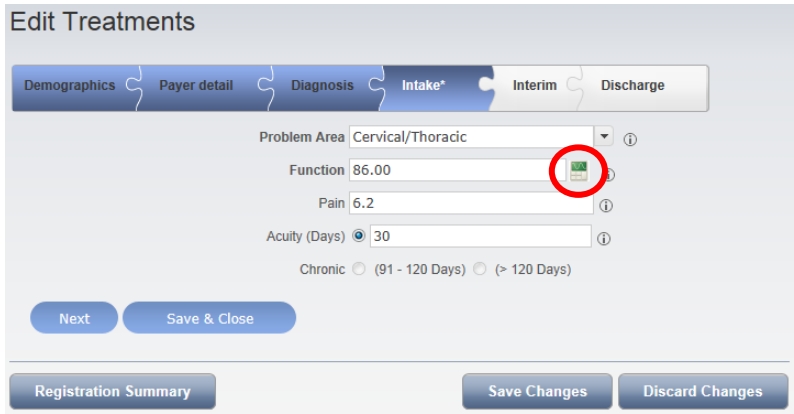
### SELECT APPROPRIATE PROBLEM AREA FROM DROPDOWN LIST

Problem area should match the patient worksheet completed by patient



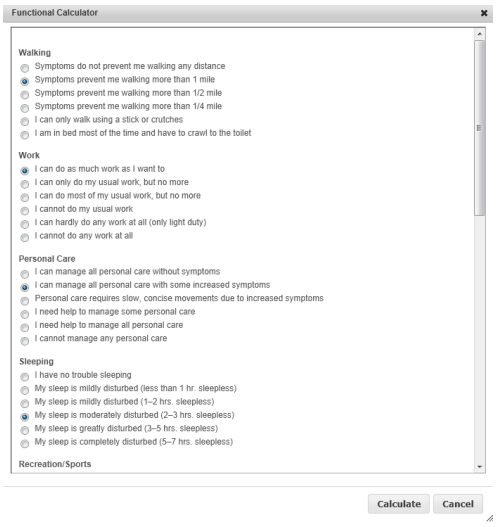

### COMPLETE FUNCTION, PAIN, AND ACUITY DAYS

You may enter a function score directly or click on the Calculator link to calculate function score (see screenshot)




### Calculator

### COMPLETE FORM AND CLICK CALCULATE BUTTON TO CALCULATE FUNCTION


Functional Calculator
Walking
Symptoms do not prevent me walking any distance
Symptoms prevent me walking more than 1 mile
Symptoms prevent me walking more than 1/2 mile
Symptoms prevent me walking more than 1/4 mile
I can only walk using a stick or crutches
I am in bed most of the time and have to crawl to the toilet
Work
I can do as much work as I want to
I can only do my usual work, but no more
I can do most of my usual work, but no more
I cannot do my usual work
I can hardly do any work at all (only light duty)
I cannot do any work at all
Personal Care
I can manage all personal care without symptoms
I can manage all personal care with some increased symptoms
Personal care requires slow, concise movements due to increased symptoms
I need help to manage some personal care
I need help to manage all personal care
I cannot manage any personal care
Sleeping
I have no trouble sleeping
My sleep is mildly disturbed (less than 1 hr. sleepless)
My sleep is mildly disturbed (1–2 hrs. sleepless)
My sleep is moderately disturbed (2–3 hrs. sleepless)
My sleep is greatly disturbed (3–5 hrs. sleepless)
My sleep is completely disturbed (5–7 hrs. sleepless)
Recreation/Sports
Calculate
Cancel

### CLICK NEXT OR SAVE CHANGES BUTTON TO PROCEED TO INTERIM OR DISCHARGE PHASE

# Registration Summary

**REGISTRATION SUMMARY WILL AUTOMATICALLY OPEN AFTER COMPLETION OF INTAKE PHASE. CLOSE SUMMARY TO CONTINUE WITH REGISTRATION.**

**TAI TUTOR CLINIC** **REGISTRATION SUMMARY**

## PATIENT DETAIL

### Demographics

Patient Id: **TestReg3**
Evaluation Date: **1/3/2012**
DOB: **7/17/1977**
Gender: **Female**
Email: **Not Indicated**

### Payer Detail

Treating Practitioner: **Gravity OT, Andy**
Referring Practitioner: **Mike, Big**

Primary Insurance Payer: **Regence BlueCross BlueShield of Oregon**
Primary Insurance Plan: **PPP (Preferred Provider Panel)**

### Diagnosis

Primary Diagnosis Code: **726.0 - ADHESIVE CAPSULIT SHLDER**
Primary Anatomic Group Name: **Shoulder**
Secondary Diagnosis Code: **847.1 - SPRAIN THORACIC REGION**
Secondary Anatomic Group Name: **Cervical/Thoracic**
Surgery Type: **Non-Surgical**

Custom Report Group: **Not Indicated**

## PATIENT ASSESSMENT HISTORY

Last Completed Registration Phase: **Intake**

Problem Area: **Cervical/Thoracic**
Acuity Days: **30**

| Phase | Date | Function | Pain | GRoC | Work Status | Lost Work Days |
|---|---|---|---|---|---|---|
| Intake | 1/3/2012 | 86.00 | 6.20 | N/A | N/A | N/A |
| Discharge | N/A | N/A | N/A | N/A | N/A | N/A |

## COMPARATIVE OUTCOMES DATA

Based on patient problem area and age range 30 - 39.

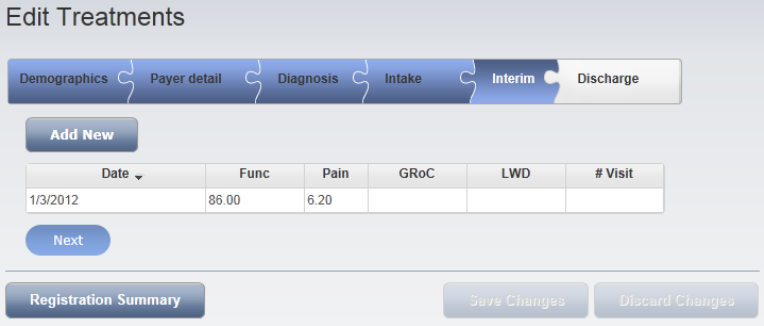
| | Patient | Therapist | Clinic | National |
|---|---|---|---|---|
| Registration Count | 1 | N/A | N/A | 2637 |
| Patient Age | 34 | N/A | N/A | 34.81 |
| Intake Function | 86.00 | N/A | N/A | 69.53 |
| Discharge Function | N/A | N/A | N/A | 86.41 |
| Increase in Function | N/A | N/A | N/A | 55.40% |
| Intake Pain | 6.20 | N/A | N/A | 4.72 |
| Discharge Pain | N/A | N/A | N/A | 1.78 |
| Decrease in Pain | N/A | N/A | N/A | 62.29% |
| Global Rating of Change | N/A | N/A | N/A | 5.06 |
| Number of Visits | N/A | N/A | N/A | 11.19 |

Printed: Thursday, January 26, 2012 3:15 PM

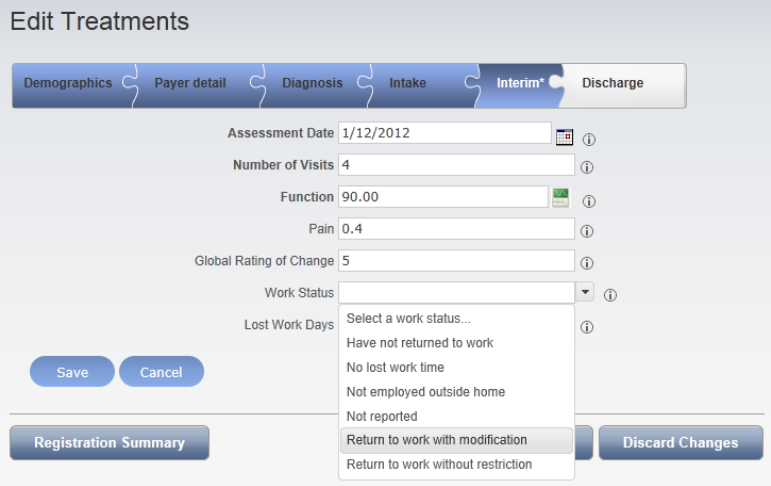
## Interim Phase (Optional)

If you collect interim outcome assessments on your patients, you may enter those assessments under Interim Phase. You may enter as many Interim Phases as you like on a single episode of care for a patient. If you do not collect interim assessments, you may click on Next to proceed to the Discharge Phase.

**CLICK ON ADD NEW BUTTON**

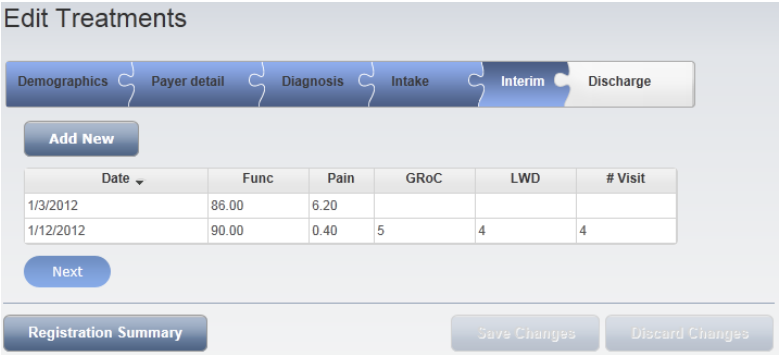



Enter Assessment Date, Number of Visits (at time of interim assessment), Function, Pain, Global Rating of Change, Work Status, and Lost Work Days




**CLICK SAVE CHANGES BUTTON TO SAVE OR SAVE TO SAVE AND CLOSE INTERIM FORM. CLICK CANCEL TO DISCARD CHANGES AND CLOSE INTERIM FORM.**

You may close the registration at this point or continue directly to Discharge Phase by clicking on Next.



## Discharge Phase

You will have 3 options to consider for Discharge. Walkthroughs have been provided for each scenario. Scenarios include 1) Patient Self Discharge - no interim or discharge assessment, 2) Patient Self Discharge - interim assessment completed but no discharge assessment, 3) Patient Discharge with Discharge Assessment.

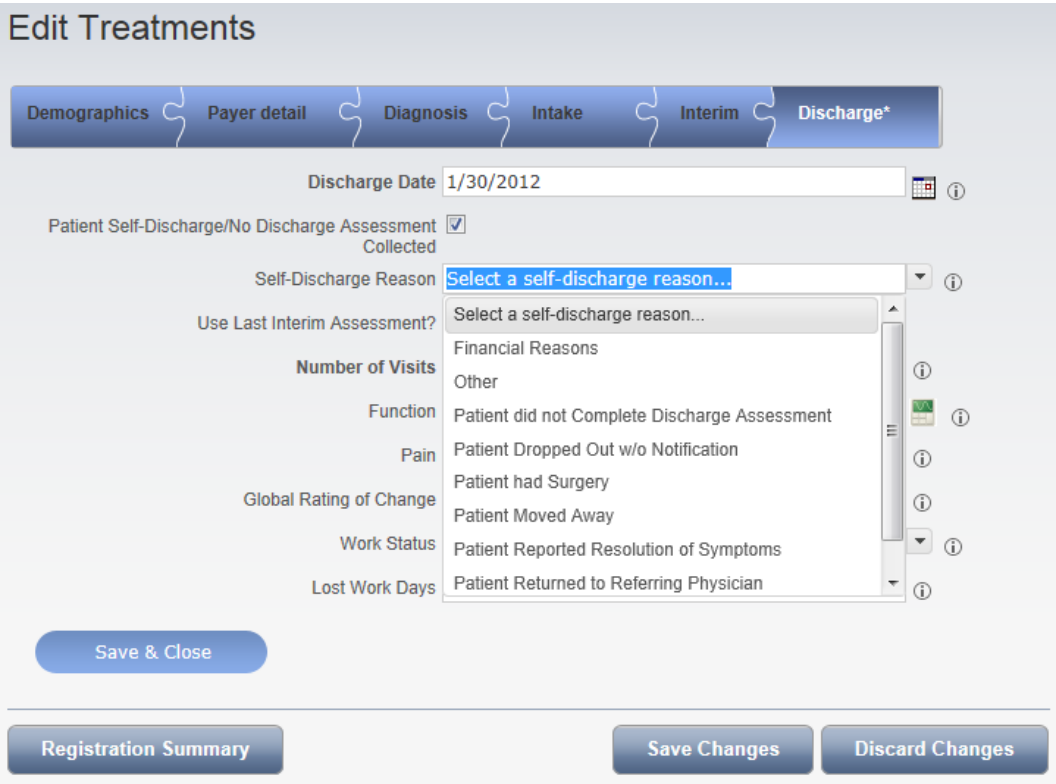
### 1. Patient Self Discharge (No Interim or Discharge Assessment)

If patient drops out of treatment prior to discharge without completing interim or discharge outcomes assessment, please complete the following fields.

**COMPLETE DISCHARGE DATE (last date seen in clinic)**

**CHECK 'PATIENT SELF-DISCHARGE/NO DISCHARGE ASSESSMENT COLLECTED' BOX**

**SELECT SELF DISCHARGE REASON FROM DROP DOWN MENU**




**COMPLETE NUMBER OF VISITS (as of last date seen in clinic)**

**CLICK SAVE CHANGES BUTTON TO SAVE OR SAVE & CLOSE TO SAVE AND RETURN TO TREATMENT REGISTRATIONS PAGE**

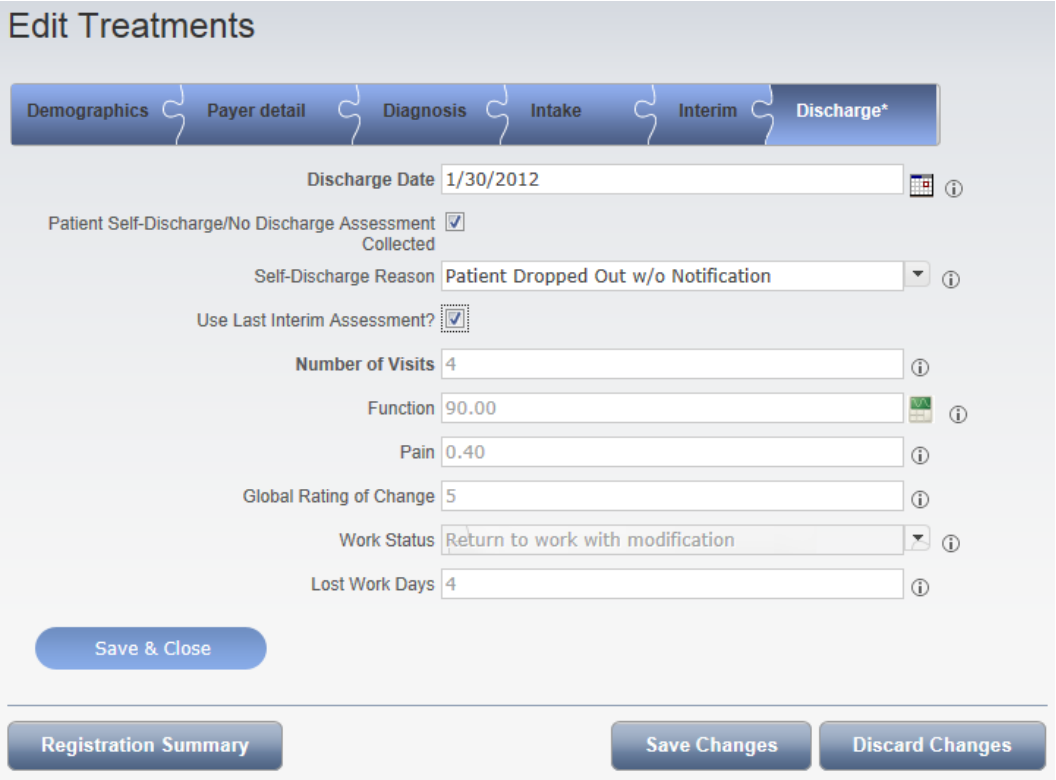
**2. Patient Self Discharge (Interim Assessment Completed but No Discharge Assessment)**
If patient drops out of treatment prior to discharge but has completed an interim outcomes assessment, please complete following fields.

**COMPLETE DISCHARGE DATE (last date seen in clinic)**

**CHECK 'PATIENT SELF-DISCHARGE/NO DISCHARGE ASSESSMENT COLLECTED' BOX**

**SELECT SELF DISCHARGE REASON FROM DROP DOWN MENU**

**CHECK THE 'USE LAST INTERIM ASSESSMENT?' BOX**
This will automatically populate the discharge outcome fields with data from last assessment.




**CLICK SAVE CHANGES BUTTON TO SAVE OR SAVE & CLOSE TO SAVE AND RETURN TO TREATMENT REGISTRATIONS PAGE**

### 3. Patient Discharge with Discharge Assessment

When patient completes treatment and fills out a discharge assessment, please complete the following fields

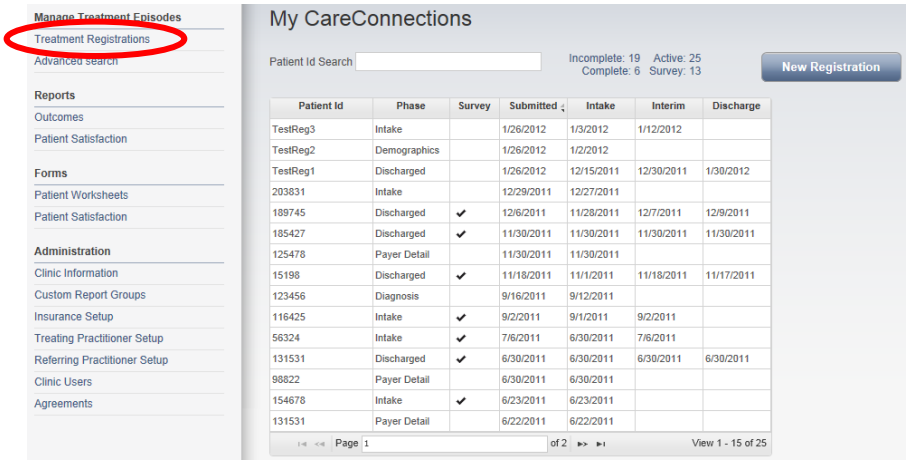
**COMPLETE DISCHARGE DATE, NUMBER OF VISITS, FUNCTION, PAIN, GLOBAL RATING OF CHANGE, WORK STATUS, AND LOST WORK DAYS**

**CLICK SAVE CHANGES BUTTON TO SAVE OR SAVE & CLOSE TO RETURN TO TREATMENT REGISTRATIONS PAGE**

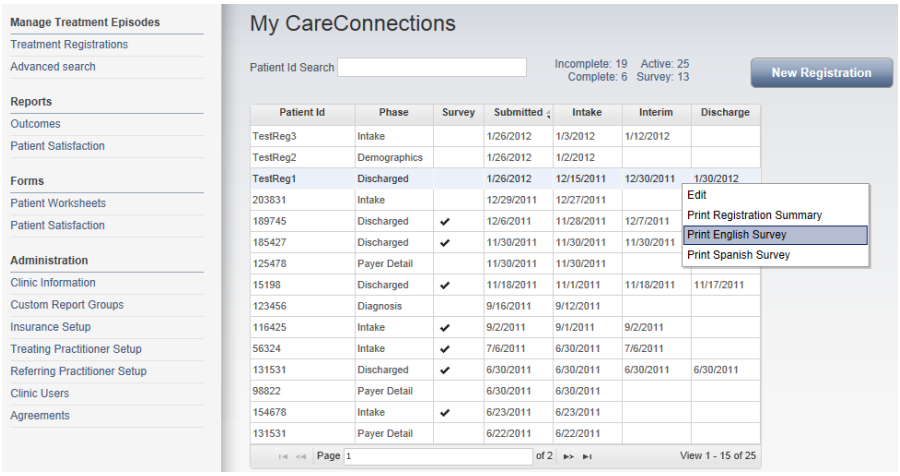
****PATIENT SATISFACTION SUBSCRIBERS ONLY**

To print a Patient Satisfaction survey for a patient, follow the instructions below.

**Return to Treatment Registrations list by clicking on Treatment Registrations Link**


Manage Treatment Episodes
Treatment Registrations
Advanced search
Reports
Outcomes
Patient Satisfaction
Forms
Patient Worksheets
Patient Satisfaction
Administration
Clinic Information
Custom Report Groups
Insurance Setup
Treating Practitioner Setup
Referring Practitioner Setup
Clinic Users
Agreements
My CareConnections
Patient Id Search
Incomplete: 19 Active: 25
Complete: 6 Survey: 13
New Registration
Patient Id | Phase | Survey | Submitted | Intake | Interim | Discharge
TestReg3 | Intake | | 1/26/2012 | 1/3/2012 | 1/12/2012 |
TestReg2 | Demographics | | 1/26/2012 | 1/2/2012 | |
TestReg1 | Discharged | | 1/26/2012 | 12/15/2011 | 12/30/2011 | 1/30/2012
203831 | Intake | | 12/29/2011 | 12/27/2011 | |
189745 | Discharged | ✔ | 12/6/2011 | 11/28/2011 | 12/7/2011 | 12/9/2011
185427 | Discharged | ✔ | 11/30/2011 | 11/30/2011 | 11/30/2011 | 11/30/2011
125478 | Payer Detail | | 11/30/2011 | 11/30/2011 | |
15198 | Discharged | ✔ | 11/18/2011 | 11/1/2011 | 11/18/2011 | 11/17/2011
123456 | Diagnosis | | 9/16/2011 | 9/12/2011 | |
116425 | Intake | ✔ | 9/2/2011 | 9/1/2011 | 9/2/2011 |
56324 | Intake | ✔ | 7/6/2011 | 6/30/2011 | 7/6/2011 |
131531 | Discharged | ✔ | 6/30/2011 | 6/30/2011 | 6/30/2011 | 6/30/2011
98822 | Payer Detail | | 6/30/2011 | 6/30/2011 | |
154678 | Intake | ✔ | 6/23/2011 | 6/23/2011 | |
131531 | Payer Detail | | 6/22/2011 | 6/22/2011 | |
Page 1 of 2
View 1 - 15 of 25

**Right-click** on appropriate Patient ID from the active patient list. Select "Print English Survey" to print a survey in English. Select "Print Spanish Survey" to print a survey in Spanish.


Manage Treatment Episodes
Treatment Registrations
Advanced search
Reports
Outcomes
Patient Satisfaction
Forms
Patient Worksheets
Patient Satisfaction
Administration
Clinic Information
Custom Report Groups
Insurance Setup
Treating Practitioner Setup
Referring Practitioner Setup
Clinic Users
Agreements
My CareConnections
Patient Id Search
Incomplete: 19 Active: 25
Complete: 6 Survey: 13
New Registration
Patient Id | Phase | Survey | Submitted | Intake | Interim | Discharge
TestReg3 | Intake | | 1/26/2012 | 1/3/2012 | 1/12/2012 |
TestReg2 | Demographics | | 1/26/2012 | 1/2/2012 | |
TestReg1 | Discharged | | 1/26/2012 | 12/15/2011 | 12/30/2011 | 1/30/2012
203831 | Intake | | 12/29/2011 | 12/27/2011 | |
189745 | Discharged | ✔ | 12/6/2011 | 11/28/2011 | 12/7/2011 |
185427 | Discharged | ✔ | 11/30/2011 | 11/30/2011 | 11/30/2011 |
125478 | Payer Detail | | 11/30/2011 | 11/30/2011 | |
15198 | Discharged | ✔ | 11/18/2011 | 11/1/2011 | 11/18/2011 | 11/17/2011
123456 | Diagnosis | | 9/16/2011 | 9/12/2011 | |
116425 | Intake | ✔ | 9/2/2011 | 9/1/2011 | 9/2/2011 |
56324 | Intake | ✔ | 7/6/2011 | 6/30/2011 | 7/6/2011 |
131531 | Discharged | ✔ | 6/30/2011 | 6/30/2011 | 6/30/2011 | 6/30/2011
98822 | Payer Detail | | 6/30/2011 | 6/30/2011 | |
154678 | Intake | ✔ | 6/23/2011 | 6/23/2011 | |
131531 | Payer Detail | | 6/22/2011 | 6/22/2011 | |
Edit
Print Registration Summary
Print English Survey
Print Spanish Survey
Page 1 of 2
View 1 - 15 of 25

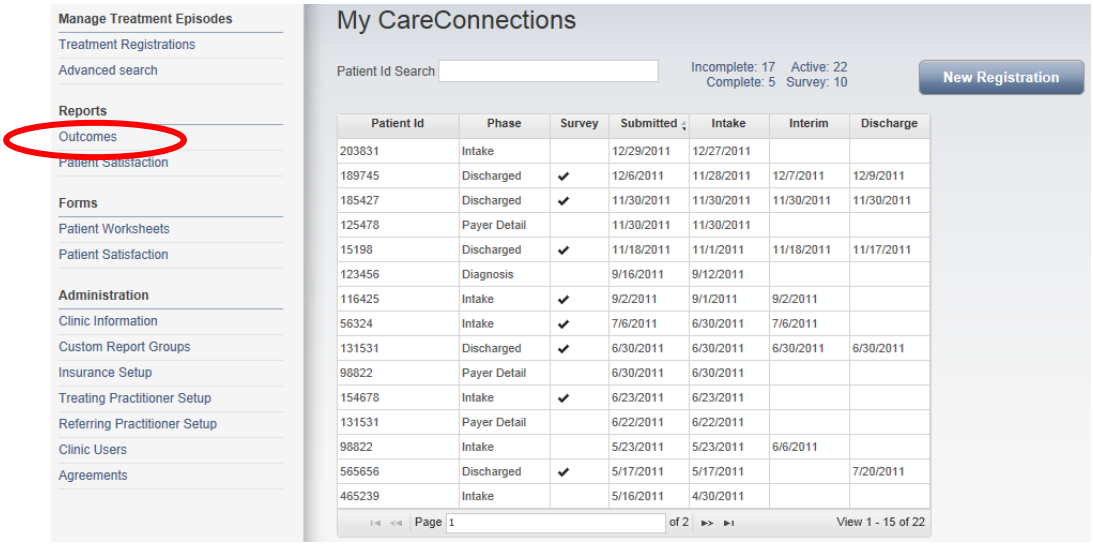
A Print Preview of the survey will open and a check mark will be placed in the Treatment Registrations grid for the patient registration for which you just printed a survey.

Give Patient Satisfaction Survey directly to the patient, or place it in the patient's chart for completion at a later date.

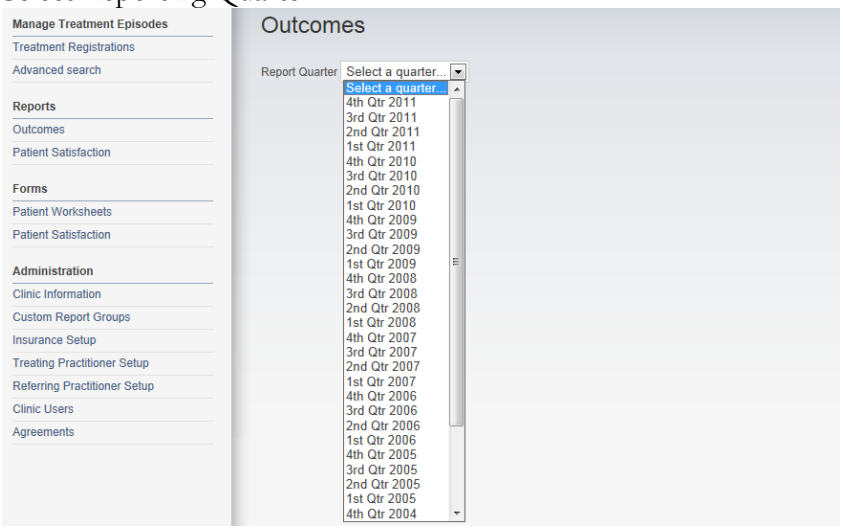
# IX. Quarterly Reports

## OUTCOMES

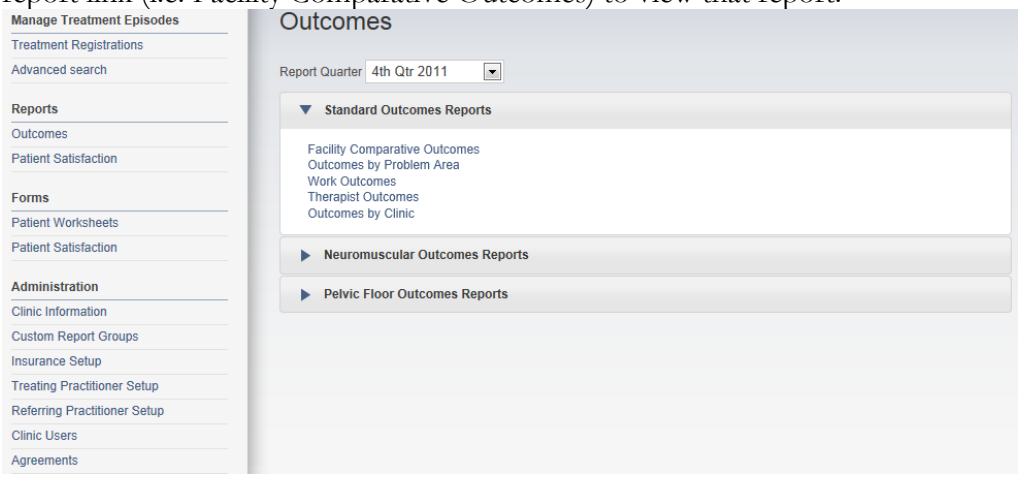
Select the "Outcomes" link under Reports to view Outcomes Reports.


Manage Treatment Episodes
Treatment Registrations
Advanced search
Reports
Outcomes
Patient Satisfaction
Forms
Patient Worksheets
Patient Satisfaction
Administration
Clinic Information
Custom Report Groups
Insurance Setup
Treating Practitioner Setup
Referring Practitioner Setup
Clinic Users
Agreements
My CareConnections
Patient Id Search
Incomplete: 17 Active: 22
Complete: 5 Survey: 10
New Registration
Patient Id | Phase | Survey | Submitted | Intake | Interim | Discharge
203831 | Intake | | 12/29/2011 | 12/27/2011 | | 
189745 | Discharged | ✔ | 12/6/2011 | 11/28/2011 | 12/7/2011 | 12/9/2011
185427 | Discharged | ✔ | 11/30/2011 | 11/30/2011 | 11/30/2011 | 11/30/2011
125478 | Payer Detail | | 11/30/2011 | 11/30/2011 | | 
15198 | Discharged | ✔ | 11/18/2011 | 11/1/2011 | 11/18/2011 | 11/17/2011
123456 | Diagnosis | | 9/16/2011 | 9/12/2011 | | 
116425 | Intake | ✔ | 9/2/2011 | 9/1/2011 | 9/2/2011 | 
56324 | Intake | ✔ | 7/6/2011 | 6/30/2011 | 7/6/2011 | 
131531 | Discharged | ✔ | 6/30/2011 | 6/30/2011 | 6/30/2011 | 6/30/2011
98822 | Payer Detail | | 6/30/2011 | 6/30/2011 | | 
154678 | Intake | ✔ | 6/23/2011 | 6/23/2011 | | 
131531 | Payer Detail | | 6/22/2011 | 6/22/2011 | | 
98822 | Intake | | 5/23/2011 | 5/23/2011 | 6/6/2011 | 
565656 | Discharged | ✔ | 5/17/2011 | 5/17/2011 | | 7/20/2011
465239 | Intake | | 5/16/2011 | 4/30/2011 | | 
Page 1 of 2
View 1 - 15 of 22

Select Reporting Quarter.




Select appropriate category (Standard, Neuromuscular, or Pelvic Floor) and click on appropriate report link (i.e. Facility Comparative Outcomes) to view that report.



# OUTCOMES

## Understanding Report Layout and Terminology

Most outcomes reports are laid out in a manner that allows for comparison to historical outcomes data and to network and national groups. Comparative reports are titled in the upper right quadrant of the page.

**Report Header:**

- Report Title – name of report
- Reporting quarter – indicates reporting quarter covered by your report
- Network – indicates name of primary network your clinic belongs to. If you do not belong to a network, the network name indicates the category of clinics you are being compared against (e.g. "Independent Clinic" refers to all independent private practices that do not belong to a larger chain or network of clinics. "Hospital OP" would refer to all hospital outpatient clinics).
- Clinic Name – name of your clinic

**Comparative Report Column Headings:**

- **Facility XQ 20XX** – Facility refers to your clinic. Quarter number and year indicate time period of reported data.
- **Facility Rolling Year** – Shows your clinic's combined averages for the last full year.
- **Network Rolling Year** – Network refers to the clinic grouping indicated in the report header. Averages shown are combined averages for the last full year.
- **National Rolling Year** – National refers to the entire outcomes database; all clinics and all clinic types. Averages shown are combined averages for the last full year.

**Data Headings:**

- **Functional Improvement –** Indicates the average percent change in function between initial and final assessment. Positive numbers indicate an increase in patient function. The higher your average score, the more functionality your patients have gained in activities of daily living. Negative numbers indicate a decrease in patient function.
- **Decrease in Pain –** Indicates average percent change in pain between initial and discharge assessment. Positive numbers indicate a decrease in patients' pain level. The higher your average score, the more your patients have decreased their pain levels. Negative numbers indicate an increase in patients' pain level.
- **Global Rating of Change –** Indicates how much patients feel their condition has changed during the course of treatment. This measure is independent of Function and Pain and relies on the patient's perception of change in condition during treatment. The higher your score, the more your patients feel their condition has changed for the better. Scores ranging from -4 to -7 indicate patient got significantly worse. Scores ranging from -3 to +3 indicate no relevant change took place. Scores of +4 to +7 indicate significant positive change.
- **Number of Visits –** Indicates average number of visits utilized by your patients.
- **Work Days Lost –** Indicates average number of work days lost due to injury or condition that drove patient to seek treatment.

## Quarterly Reports

**Calculations:**

- **Function –** Percent change in function calculation is based on the patient's starting point and can never exceed 100% improvement. Calculation used for determining functional improvement score is (Final Function – Initial Function)/(100-Initial Function). Incomplete function scores/scores that equal 0 are excluded from reporting.
    - **Negative score -** Most questions about the functional calculation arise from negative functional scores. To explain, a patient who starts at a functional score of 80 points only has 20 points to recover to get to 100. Based on this case and the calculation we use to determine functional score, a decrease of 20 points would result in a score of -100%. A decrease of more than 20 points would result in a greater than 100% negative value.

- **Pain –** As with function, percent change in pain calculation is based on the patient's starting point and can never exceed a 100% decrease. Calculation used for determining decrease in pain score is (Initial Pain – Final Pain)/(Initial Pain).
    - **Negative score** - Most questions about the pain calculation arise from negative scores. To explain, a patient who starts at a pain level of 3 only has 3 points to lose to be able to report 0 pain, or 100% decrease in pain. Based on this case and the calculation we use to determine pain score, an increase of 3 points would result in a score of -100%. An increase of more than 3 points would result in a greater than 100% negative value because the patient's pain level has more than doubled since initial evaluation. Incomplete scores/scores with intake pain of 0 are excluded from reporting.

- **Means and Averages** – Most other numbers shown on your outcomes reports are straight averages. However, averages can only be calculated for the number of cases where a value is reported. For example, if your clinic reports 10 records for a reporting quarter where only 2 of the records had complete lost work days, your average number of lost work days will only be based on those 2 records where a number was reported (denominator in this case is 2, not 10).

# Quarterly Reports

## OUTCOMES REPORT DESCRIPTIONS

**Facilities Comparative Outcomes Report**

Demographic breakdown of report categories along with overall clinic outcome scores. Clinic is given 3 historical quarters of information for their facility along with a comparison to Facility Rolling Year, Network Rolling Year, and National Rolling Year. Report is broken down as follows:

- **Patient Population –** Total number of patients and distribution by gender
- **Age Range –** Distribution of patients that fall into specified age ranges
- **Insurance –** Distribution of patients that fall in specified insurance type groups
    - **Health Plan -** coverage supplied by an insurer to reimburse or by a payer for medical expenses. Often ties to indemnity carriers, HMOs etc.
    - **PIP/MVA/PNC –** insurance types that fall into same general category
        - **PIP -** short hand for Personal Injury Protection, a form of property and casualty insurance coverage that reimburses medical providers for their care to people following accidents and that reimburses contractors or vendors that help repair physical property harmed as the result of an accident
        - **MVA -** short hand for Motor Vehicle Accident coverage, a form of PIP
        - **PNC -** short hand for Property Casualty Insurance that includes motor vehicle incidents (MVA) and is sometimes referred to as PIP
    - **Work Comp -** a form of insurance coverage to reimburse for medical expenses, disability, and time loss related to an on-the-job injury
- **Outcomes –** Overall clinic outcomes for the following categories:
    - Functional Improvement
    - Decrease in Pain
    - Global Rating of Change
    - Number of Visits
    - Work Days Lost
- **Acuity –** Distribution of acuity days that fall in specified acuity ranges. Anything greater than 90 days in this category is considered chronic.

**Outcomes by Problem Area**

Breakdown of outcomes categories by anatomical region. Groupings include Upper Extremity, Lower Extremity, Lumbar, Cervical/Thoracic, TMJ, and Hand. Neurological conditions are reported separately, but in the same format as Problem Area report. Clinic is given 3 historical quarters of information for their facility along with a comparison to Facility Rolling Year, Network Rolling Year, and National Rolling Year. Report is broken down as follows:

- **Problem Area**
    - Number of Patients
    - Functional Improvement
    - Decrease in Pain
    - Global Rating of Change
    - Number of Visits
    - Work Days Lost

## Quarterly Reports

**Therapist Outcomes Report**
Breakdown of outcomes categories by therapist. Each therapist has outcomes grouped by anatomical region for the current reporting quarter. Therapist also receives an overall average for the reporting quarter as well as a rolling year overall average. Comparison data for clinic, network, and national are listed at the bottom of the therapist report. Report is broken down as follows:

- **Therapist**
    - Anatomical Region
        - **Patients** – number of patients
        - **Pain** – decrease in pain
        - **Function** – functional improvement
        - **GRoC** – Global Rating of Change
        - **Visits** – average number of visits
        - **Lost Work** – average number of lost work days
        - **Acute** – percentage of patients whose acuity days were less than 90 days
        - **Chronic** – percentage of patients whose acuity days were more than 90 days

**Work Outcomes**
Breakdown of work status and lost work days as reported by patient. Report shows work status and lost work days for 3 applicable insurance types (PIP/MVA/PNC, Health Plan, and Work Comp) as well as the clinic's overall distribution of work status and work days lost for all cases. Clinic is given 4 historical quarters of information for their clinic. Report is broken down as follows:

- **Average Lost Work Days (graph) –** graphic display of lost work days by reporting quarter
- **Return to Work Status –** percentage of patients in each category
    - Have not returned to work
    - No lost work time
    - Not employed outside the home
    - Return to work w/modification
    - Return to work w/o restriction

**Outcomes by Clinic**
This overview report shows all outcome measure data for facility, network, and national on one page for the current reporting quarter. It includes outcomes by anatomical region as well as clinic overall outcomes. Report is broken down as follows:

- **Outcomes by Anatomical Region** – each anatomical region contained to its own box
- **Clinic Overall Outcomes** – located on bottom right of report

## Quarterly Reports

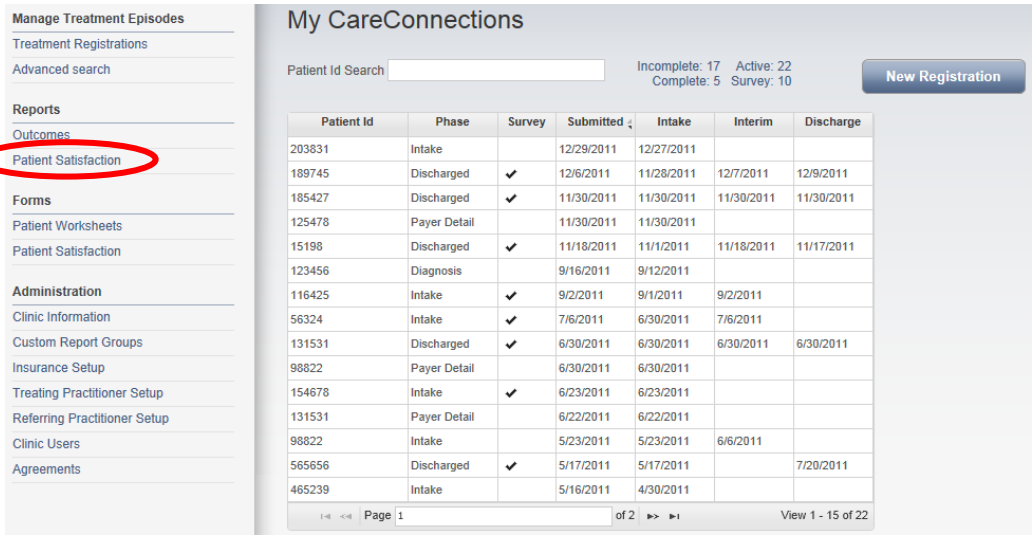
**Network Outcomes Report**
This report is only available to network administrators, or someone who oversees a group or network of clinics or hospitals that utilize the CareConnections Outcomes System. Report lists clinic overall outcomes for each clinic in a given network or group of clinics for the current reporting quarter and for the rolling year. Report shows overall average for network, rolling network average, and rolling national average at the bottom of each page of the report for comparison. Report is broken down as follows:

- **Patients** – number of patients
- **Clinic Name** – name of network or group member clinic
- **Pain** – decrease in pain
- **Function** – functional improvement
- **GRoC** – Global Rating of Change
- **Visits** – average number of visits
- **Lost Work** – average number of lost work days
- **Acute** – percentage of patients whose acuity days were less than 90 days
- **Chronic** – percentage of patients whose acuity days were more than 90 days
  Subtotals broken down by:
  - **Network Quarterly Average**
  - **Network Rolling Year Average**
  - **National Rolling Year Average**

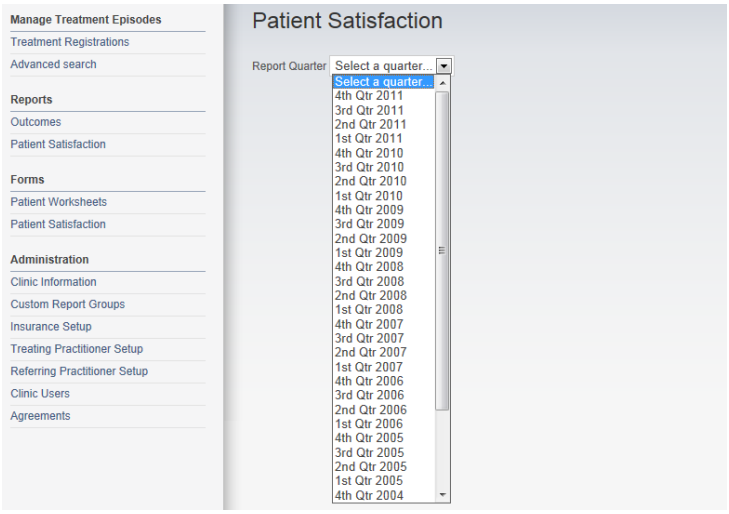
# Quarterly Reports

## PATIENT SATISFACTION

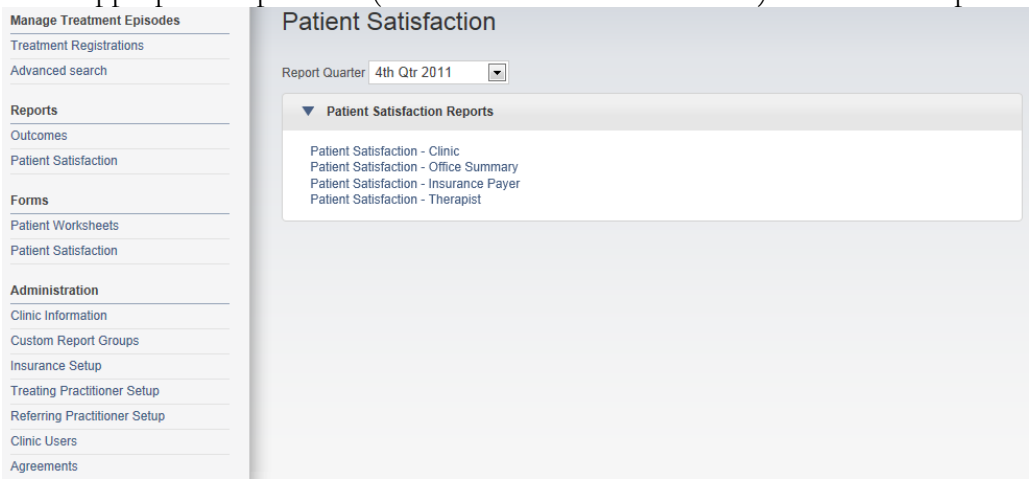
Select the "Patient Satisfaction" link under Reports to view Patient Satisfaction Reports.


Manage Treatment Episodes
Treatment Registrations
Advanced search
Reports
Outcomes
Patient Satisfaction
Forms
Patient Worksheets
Patient Satisfaction
Administration
Clinic Information
Custom Report Groups
Insurance Setup
Treating Practitioner Setup
Referring Practitioner Setup
Clinic Users
Agreements
My CareConnections
Patient Id Search
Incomplete: 17 Active: 22
Complete: 5 Survey: 10
New Registration
Patient Id | Phase | Survey | Submitted | Intake | Interim | Discharge
203831 | Intake | | 12/29/2011 | 12/27/2011 | |
189745 | Discharged | ✔ | 12/6/2011 | 11/28/2011 | 12/7/2011 | 12/9/2011
185427 | Discharged | ✔ | 11/30/2011 | 11/30/2011 | 11/30/2011 | 11/30/2011
125478 | Payer Detail | | 11/30/2011 | 11/30/2011 | |
15198 | Discharged | ✔ | 11/18/2011 | 11/1/2011 | 11/18/2011 | 11/17/2011
123456 | Diagnosis | | 9/16/2011 | 9/12/2011 | |
116425 | Intake | ✔ | 9/2/2011 | 9/1/2011 | 9/2/2011 |
56324 | Intake | ✔ | 7/6/2011 | 6/30/2011 | 7/6/2011 |
131531 | Discharged | ✔ | 6/30/2011 | 6/30/2011 | 6/30/2011 | 6/30/2011
98822 | Payer Detail | | 6/30/2011 | 6/30/2011 | |
154678 | Intake | ✔ | 6/23/2011 | 6/23/2011 | |
131531 | Payer Detail | | 6/22/2011 | 6/22/2011 | |
98822 | Intake | | 5/23/2011 | 5/23/2011 | 6/6/2011 |
565656 | Discharged | ✔ | 5/17/2011 | 5/17/2011 | | 7/20/2011
465239 | Intake | | 5/16/2011 | 4/30/2011 | |
Page 1 of 2
View 1 - 15 of 22

Select Reporting Quarter.




Select appropriate report link (i.e. Patient Satisfaction - Clinic) to view that report.



# PATIENT SATISFACTION

## Understanding Patient Satisfaction Report Layout

Reports are titled in the upper right quadrant of the page.

**Report Header:**

- Report Title – name of report
- Reporting quarter – indicates reporting quarter covered by your report
- Network – indicates name of primary network your clinic belongs to. If you do not belong to a network, the network name indicates the category of clinics you are being compared against (e.g. "Independent Clinic" refers to all independent private practices that do not belong to a larger chain or network of clinics. "Hospital OP" would refer to all hospital outpatient clinics).
- Clinic Name – name of your clinic

All patient satisfaction reports contain a count of total surveys and a count of bar-coded surveys. This is a tool for you to track your clinic's compliance with the bar-coded survey collection method. *Note that surveys without a bar code cannot be linked to therapist or insurance information.*

The format of the **Clinic Summary Report, Office Summary Report,** and **Therapist Summary Reports** is presented in a bar graph format. Bar graphs allow for comparison data to be included in each report. Reports also have a network comparison (your network name is identified in the report header).

Along with comparison data, your graphical reports also contain a column titled "Answer Rate." Answer rate indicates the percentage of your patients that answered each question on the survey. Questions with lower percentages indicate that patients are either not answering that question or they are marking N/A (Not Applicable).

For your convenience we have included numeric values in addition to graphs in each report. Graphs represent the average scores for each reporting quarter.

**Calculations**

- **Averages** – Each question receives a straight average based on the value of the selection made by the patient. Scores are ranked from 5 (Excellent) to 1 (Very Poor). Questions that were unanswered or that were marked as not applicable are not included in your averages. Averages can only be calculated for the number of cases where a value is reported. For example, if your clinic reports 10 patient satisfaction surveys for a reporting quarter where 2 of the surveys had question nine answered as N/A, your average score for question 9 will only be based on those 8 records where a value was reported (denominator in this case is 8, not 10).

  To be included in your reports, a satisfaction survey must have a minimum of 7 questions answered.

# Quarterly Reports

## PATIENT SATISFACTION REPORT DESCRIPTIONS

**Clinic Summary Report**
This 2 page report shows your clinic's average score for each question on the patient satisfaction survey. On the graph your clinic average is represented by the bar on the left, and your comparative network average is represented by the bar on the right. Historical data from the past 6 rolling quarters is included. Numerical averages, answer rates, and network comparison data are shown to the right of each graph.

**Office Summary Report**
This 1 page report shows only questions that relate to office staff along with a cumulative graph for all office staff questions. On the graph your clinic average is represented by the bar on the left, and your comparative network average is represented by the bar on the right. Historical data from the past 6 rolling quarters is included. Numerical averages, answer rates, and network comparison data are shown to the right of each graph.

**Therapist Summary Report**
This 1 page report is provided for each staff therapist that could be identified from the bar code on your satisfaction surveys. The therapist report shows only questions that relate to therapists along with a cumulative graph for all therapist based questions. On the graph your therapist average is represented by the bar on the left, the clinic average is represented by the middle bar, and your comparative network average is represented by the bar on the right. Historical data from the past 6 rolling quarters is included. Numerical averages, answer rates, and clinic and network comparisons are shown to the right of each graph. *Therapist reports that have UNIDENTIFIED THERAPIST at the top represent surveys from your clinic that did not contain a bar code or that contained an unreadable bar code.*

**Clinic Payer Report**
This report shows patient satisfaction averages for your top 10 insurances tracked through CareConnections. Average scores are provided for each question from the patient satisfaction survey along with an overall score for office staff and therapist-based questions. *Clinic Payer Report is only available for clinics that submitted bar-coded surveys and is based only on these bar-coded surveys.*

Sample Report

CARE CONNECTIONS

**FACILITIES COMPARATIVE OUTCOMES REPORT**
**3rd Qtr 2006**
**Network: Sample PT Network**
**Sample PT Clinic**

| | Facility 1Q-2006 | Facility 2Q-2006 | Facility 3Q-2006 | Facility Rolling Year | Network Rolling Year | National Rolling Year |
|---|---|---|---|---|---|---|
| **PATIENT POPULATION** | | | | | | |
| Number of Patients | 51 | 82 | 51 | 240 | 44391 | 84764 |
| Male | 37.25 % | 36.59 % | 37.25 % | 35.83 % | 38.27 % | 37.87 % |
| Female | 62.75 % | 63.41 % | 62.75 % | 64.17 % | 61.70 % | 62.11 % |
| **AGE RANGE** | | | | | | |
| Under 20 | 9.80 % | 10.98 % | 5.88 % | 8.33 % | 7.92 % | 6.62 % |
| 20 - 29 | 15.69 % | 12.20 % | 13.73 % | 14.58 % | 8.30 % | 7.10 % |
| 30 - 39 | 11.76 % | 13.41 % | 7.84 % | 10.42 % | 12.47 % | 10.78 % |
| 40 - 49 | 21.57 % | 12.20 % | 7.84 % | 13.33 % | 17.89 % | 16.49 % |
| 50 - 64 | 25.49 % | 36.59 % | 45.10 % | 34.17 % | 29.30 % | 27.58 % |
| Over 65 | 15.69 % | 14.63 % | 19.61 % | 19.17 % | 21.26 % | 21.32 % |
| **INSURANCE** | | | | | | |
| Health Plan | 74.51 % | 78.05 % | 74.51 % | 77.50 % | 61.71 % | 60.88 % |
| Medicare | 9.80 % | 10.98 % | 11.76 % | 9.58 % | 18.82 % | 21.63 % |
| Medicaid | 1.96 % | 1.22 % | 1.96 % | 2.08 % | 1.78 % | 2.03 % |
| Work Comp | 5.88 % | 4.88 % | 9.80 % | 5.83 % | 10.90 % | 9.93 % |
| PIP/MVA/PNC | 5.88 % | 4.88 % | 1.96 % | 4.17 % | 6.34 % | 4.69 % |
| Self Pay | 1.96 % | 0.00 % | 0.00 % | 0.83 % | 0.45 % | 0.84 % |
| **OUTCOMES** | | | | | | |
| Functional Improvement | 61.03 % | 66.40 % | 60.40 % | 65.79 % | 50.81 % | 50.97 % |
| Decrease in Pain | 68.48 % | 75.37 % | 70.58 % | 75.48 % | 58.78 % | 60.49 % |
| Perceived Improvement | 79.94 % | 82.67 % | 80.94 % | 81.37 % | 73.23 % | 73.50 % |
| Number of Visits | 10.71 | 13.12 | 11.49 | 11.86 | 11.12 | 11.13 |
| Work Days Lost | 2.96 | 3.02 | 5.49 | 3.10 | 10.11 | 11.59 |
| **ACUITY** | | | | | | |
| 0 - 15 | 13.73 % | 15.85 % | 7.84 % | 15.42 % | 16.99 % | 15.86 % |
| 16 - 30 | 19.61 % | 17.07 % | 19.61 % | 19.17 % | 14.36 % | 13.65 % |
| 31 - 60 | 13.73 % | 15.85 % | 23.53 % | 15.83 % | 13.29 % | 12.79 % |
| 61 - 90 | 9.80 % | 8.54 % | 7.84 % | 8.33 % | 5.34 % | 4.64 % |
| Chronic | 43.14 % | 42.68 % | 41.18 % | 41.25 % | 30.95 % | 29.63 % |

Sample Report

CARE CONNECTIONS

**OUTCOMES BY PROBLEM AREA**
**3rd Qtr 2006**
**Network: Sample PT Network**
**Sample PT Clinic**

| | Facility 1Q-2006 | Facility 2Q-2006 | Facility 3Q-2006 | Facility Rolling Year | Network Rolling Year | National Rolling Year |
|---|---|---|---|---|---|---|
| **Cervical/Thoracic** | | | | | | |
| Number of Patients | 5 | 13 | 8 | 33 | 7,111 | 12,785 |
| Functional Improvement | 45.33 % | 79.42 % | 68.42 % | 65.43 % | 47.47 % | 48.19 % |
| Decrease in Pain | 72.60 % | 74.66 % | 75.31 % | 75.49 % | 58.08 % | 60.13 % |
| Perceived Improvement | 72.80 % | 86.15 % | 85.88 % | 82.06 % | 72.58 % | 73.07 % |
| Number of Visits | 13.40 | 12.15 | 13.63 | 11.73 | 10.95 | 10.40 |
| Work Days Lost | 12.00 | 0.00 | 0.00 | 1.82 | 8.18 | 8.99 |
| **Lower Extremity** | | | | | | |
| Number of Patients | 16 | 31 | 18 | 87 | 14,191 | 26,996 |
| Functional Improvement | 75.39 % | 60.82 % | 65.62 % | 69.54 % | 54.33 % | 53.65 % |
| Decrease in Pain | 70.88 % | 76.27 % | 71.31 % | 75.33 % | 60.33 % | 61.31 % |
| Perceived Improvement | 82.81 % | 81.58 % | 79.33 % | 81.69 % | 74.63 % | 74.69 % |
| Number of Visits | 11.44 | 11.58 | 10.56 | 11.28 | 11.07 | 11.48 |
| Work Days Lost | 0.75 | 4.10 | 0.00 | 2.13 | 8.14 | 10.73 |
| **Lumbar** | | | | | | |
| Number of Patients | 13 | 17 | 12 | 58 | 10,854 | 21,491 |
| Functional Improvement | 51.63 % | 70.87 % | 59.26 % | 64.87 % | 46.15 % | 45.95 % |
| Decrease in Pain | 73.01 % | 82.53 % | 69.20 % | 80.95 % | 56.67 % | 58.54 % |
| Perceived Improvement | 77.38 % | 83.06 % | 78.00 % | 79.10 % | 71.08 % | 71.41 % |
| Number of Visits | 11.31 | 14.00 | 10.33 | 11.67 | 10.40 | 10.07 |
| Work Days Lost | 5.77 | 3.59 | 0.42 | 2.43 | 11.39 | 12.02 |
| **TMJ** | | | | | | |
| Number of Patients | 1 | 2 | 1 | 4 | 189 | 297 |
| Functional Improvement | 71.43 % | 40.00 % | 100.00 % | 57.58 % | 47.42 % | 46.93 % |
| Decrease in Pain | 100.00 % | 84.75 % | 100.00 % | 91.26 % | 56.04 % | 59.23 % |
| Perceived Improvement | 98.00 % | 88.50 % | 100.00 % | 93.75 % | 72.13 % | 71.31 % |
| Number of Visits | 6.00 | 15.00 | 12.00 | 12.00 | 11.73 | 9.93 |
| Work Days Lost | 0.00 | 0.00 | 0.00 | 0.00 | 0.40 | 1.33 |
| **Upper Extremity** | | | | | | |
| Number of Patients | 16 | 19 | 12 | 58 | 10,262 | 18,722 |
| Functional Improvement | 57.99 % | 64.97 % | 51.03 % | 61.72 % | 53.05 % | 54.43 % |
| Decrease in Pain | 60.84 % | 66.79 % | 67.43 % | 69.01 % | 60.20 % | 62.47 % |
| Perceived Improvement | 80.25 % | 81.11 % | 81.45 % | 81.93 % | 74.17 % | 74.77 % |
| Number of Visits | 8.94 | 15.32 | 12.58 | 13.00 | 11.97 | 12.21 |
| Work Days Lost | 0.25 | 3.16 | 22.92 | 6.17 | 11.42 | 12.28 |

Sample Report

CARE CONNECTIONS

THERAPIST OUTCOMES REPORT
3rd Qtr 2006
Network: Sample PT Network
Sample PT Clinic

| Therapist | | Patients | Pain | Function | Improvement | Visits | Lost Work | Acute | Chronic |
|---|---|---|---|---|---|---|---|---|---|
| **Therapist A** | | | | | | | | | |
| | Cervical/Thoracic | 1 | 71.79 % | 52.94 % | 94.00 % | 14.00 | 0.00 | 0.00 % | 100.00 % |
| | Lower Extremity | 3 | 85.71 % | 90.91 % | 91.00 % | 10.33 | 0.00 | 66.67 % | 33.33 % |
| | Lumbar | 1 | 87.14 % | 64.10 % | 80.00 % | 24.00 | 0.00 | 100.00 % | 0.00 % |
| | Upper Extremity | 1 | 69.64 % | 60.71 % | 80.00 % | 28.00 | 0.00 | 100.00 % | 0.00 % |
| | **Therapist Quarter** | 6 | 79.44 % | 67.93 % | 87.83 % | 16.17 | 0.00 | 66.67 % | 33.33 % |
| | **Therapist Rolling Year** | 29 | 73.77 % | 70.31 % | 82.38 % | 15.31 | 2.03 | 55.17 % | 44.83 % |
| **Therapist B** | | | | | | | | | |
| | Lower Extremity | 3 | 68.91 % | 47.06 % | 64.00 % | 13.67 | 0.00 | 33.33 % | 66.67 % |
| | Lumbar | 3 | 59.71 % | 26.98 % | 73.00 % | 9.33 | 0.00 | 66.67 % | 33.33 % |
| | Upper Extremity | 3 | 72.35 % | 40.35 % | 96.00 % | 9.33 | 91.67 | 33.33 % | 66.67 % |
| | **Therapist Quarter** | 9 | 67.29 % | 37.43 % | 75.38 % | 10.78 | 30.56 | 44.44 % | 55.56 % |
| | **Therapist Rolling Year** | 22 | 72.61 % | 46.33 % | 77.14 % | 12.00 | 12.64 | 59.09 % | 40.91 % |
| **Therapist C** | | | | | | | | | |
| | Cervical/Thoracic | 1 | 100.00 % | 100.00 % | 98.00 % | 11.00 | 0.00 | 0.00 % | 100.00 % |
| | Lower Extremity | 6 | 79.33 % | 83.33 % | 88.17 % | 8.67 | 0.00 | 100.00 % | 0.00 % |
| | Upper Extremity | 2 | 93.10 % | 80.65 % | 89.50 % | 11.50 | 0.00 | 100.00 % | 0.00 % |
| | **Therapist Quarter** | 9 | 84.53 % | 83.33 % | 89.56 % | 9.56 | 0.00 | 88.89 % | 11.11 % |
| | **Therapist Rolling Year** | 60 | 83.47 % | 73.63 % | 84.93 % | 11.83 | 3.18 | 60.00 % | 40.00 % |
| **Therapist D** | | | | | | | | | |
| | Cervical/Thoracic | 2 | 92.41 % | 91.67 % | 82.00 % | 11.00 | 0.00 | 50.00 % | 50.00 % |
| | Lower Extremity | 5 | 51.52 % | 54.36 % | 69.80 % | 11.80 | 0.00 | 40.00 % | 60.00 % |
| | Lumbar | 2 | 77.36 % | 36.17 % | 68.50 % | 4.50 | 0.00 | 100.00 % | 0.00 % |
| | Upper Extremity | 4 | 42.59 % | 44.92 % | 68.75 % | 11.25 | 0.00 | 50.00 % | 50.00 % |
| | **Therapist Quarter** | 13 | 62.45 % | 53.87 % | 71.15 % | 10.38 | 0.00 | 53.85 % | 46.15 % |
| | **Therapist Rolling Year** | 66 | 70.45 % | 60.71 % | 76.42 % | 9.88 | 2.50 | 62.12 % | 37.88 % |
| **Therapist E** | | | | | | | | | |
| | Cervical/Thoracic | 2 | 41.18 % | 77.78 % | 83.00 % | 18.00 | 0.00 | 0.00 % | 100.00 % |
| | Lower Extremity | 1 | 91.43 % | 45.00 % | 85.00 % | 7.00 | 0.00 | 100.00 % | 0.00 % |
| | Lumbar | 5 | 57.93 % | 76.00 % | 81.20 % | 11.20 | 0.00 | 40.00 % | 60.00 % |
| | TMJ | 1 | 100.00 % | 100.00 % | 100.00 % | 12.00 | 0.00 | 100.00 % | 0.00 % |
| | Upper Extremity | 2 | 72.34 % | 48.48 % | 85.00 % | 13.50 | 0.00 | 0.00 % | 100.00 % |
| | **Therapist Quarter** | 11 | 68.05 % | 68.73 % | 84.27 % | 12.55 | 0.00 | 36.36 % | 63.64 % |
| | **Therapist Rolling Year** | 57 | 76.02 % | 70.05 % | 84.09 % | 12.25 | 0.74 | 50.88 % | 49.12 % |
| **Therapist F** | | | | | | | | | |
| | Cervical/Thoracic | 2 | 62.71 % | 42.86 % | 82.50 % | 13.00 | 0.00 | 100.00 % | 0.00 % |
| | Lumbar | 1 | 100.00 % | 90.00 % | 94.00 % | 7.00 | 5.00 | 100.00 % | 0.00 % |
| | **Therapist Quarter** | 3 | 74.42 % | 70.59 % | 86.33 % | 11.00 | 1.67 | 100.00 % | 0.00 % |
| | **Therapist Rolling Year** | 3 | 74.42 % | 70.59 % | 86.33 % | 11.00 | 1.67 | 100.00 % | 0.00 % |
| **Facility Quarter** | | **51** | **70.58 %** | **60.40 %** | **80.94 %** | **11.49** | **5.49** | **58.82 %** | **41.18 %** |
| **Facility Rolling Year** | | **240** | **75.48 %** | **65.79 %** | **81.37 %** | **11.86** | **3.10** | **58.75 %** | **41.25 %** |
| **Network Rolling Year** | | **44391** | **58.78 %** | **50.81 %** | **73.23 %** | **11.12** | **10.11** | **49.98 %** | **30.95 %** |
| **National Rolling Year** | | **84764** | **60.49 %** | **50.97 %** | **73.50 %** | **11.13** | **11.59** | **46.94 %** | **29.63 %** |

# Sample Report

**STANDARD - CLINIC OUTCOMES**
3rd Qtr 2006
Network: Sample PT Network
Sample PT Clinic

| Cervical/Thoracic | Facility | Network | National |
|---|---|---|---|
| Number of Patients | 8 | 1,609 | 3,035 |
| Functional Improvement | 68.42 % | 47.44 % | 48.14 % |
| Decrease in Pain | 75.31 % | 58.91 % | 60.20 % |
| Perceived Improvement | 85.88 % | 72.60 % | 73.11 % |
| Number of Visits | 13.63 | 10.72 | 10.39 |
| Work Days Lost | 0.00 | 6.03 | 8.09 |

| TMJ | Facility | Network | National |
|---|---|---|---|
| Number of Patients | 1 | 46 | 65 |
| Functional Improvement | 100.00 % | 49.02 % | 42.85 % |
| Decrease in Pain | 100.00 % | 54.81 % | 56.50 % |
| Perceived Improvement | 100.00 % | 72.50 % | 70.05 % |
| Number of Visits | 12.00 | 12.04 | 10.52 |
| Work Days Lost | 0.00 | 0.03 | 0.03 |

| Lower Extremity | Facility | Network | National |
|---|---|---|---|
| Number of Patients | 18 | 3,510 | 6,915 |
| Functional Improvement | 65.62 % | 55.93 % | 54.03 % |
| Decrease in Pain | 71.31 % | 61.99 % | 62.10 % |
| Perceived Improvement | 79.33 % | 74.99 % | 74.61 % |
| Number of Visits | 10.56 | 11.05 | 11.56 |
| Work Days Lost | 0.00 | 10.54 | 11.89 |

| Upper Extremity | Facility | Network | National |
|---|---|---|---|
| Number of Patients | 12 | 2,394 | 4,500 |
| Functional Improvement | 51.03 % | 53.64 % | 53.82 % |
| Decrease in Pain | 67.43 % | 61.49 % | 62.08 % |
| Perceived Improvement | 81.45 % | 74.35 % | 74.37 % |
| Number of Visits | 12.58 | 12.08 | 12.19 |
| Work Days Lost | 22.92 | 14.43 | 13.13 |

| Lumbar | Facility | Network | National |
|---|---|---|---|
| Number of Patients | 12 | 2,723 | 5,578 |
| Functional Improvement | 59.26 % | 45.98 % | 45.76 % |
| Decrease in Pain | 69.20 % | 56.96 % | 58.41 % |
| Perceived Improvement | 78.00 % | 71.26 % | 71.48 % |
| Number of Visits | 10.33 | 10.12 | 10.02 |
| Work Days Lost | 0.42 | 14.36 | 13.70 |

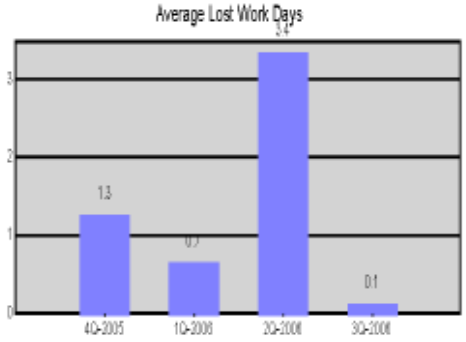
| Overall Outcomes | Facility | Network | National |
|---|---|---|---|
| Number of Patients | 51 | 10,728 | 21,243 |
| Functional Improvement | 60.40 % | 51.40 % | 50.82 % |
| Decrease in Pain | 70.58 % | 59.69 % | 60.55 % |
| Perceived Improvement | 80.94 % | 73.44 % | 73.37 % |
| Number of Visits | 11.49 | 11.03 | 11.12 |
| Work Days Lost | 5.49 | 12.07 | 12.34 |

The CareConnections Outcomes System measures the effectiveness of therapeutic intervention. Clinic information is compared to a national database.

Sample Report

**WORK OUTCOMES**
**3rd Qtr 2006**
**Network: Sample PT Network**
**Sample PT Clinic**

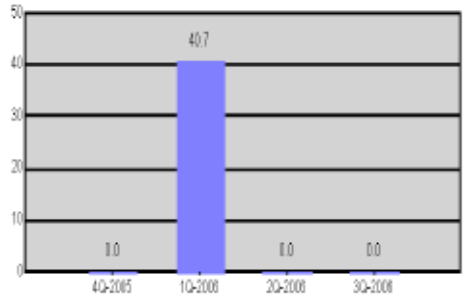
Average Lost Work Days




## Health Plan

| | 4Q-2005 | 1Q-2006 | 2Q-2006 | 3Q-2006 |
|---|---|---|---|---|
| Have not returned to work | No Data | 100.00 % | 100.00 % | No Data |
| No lost work time | 82.86 % | 85.19 % | 85.42 % | 85.29 % |
| Not employed outside home | 81.25 % | 58.33 % | 46.67 % | 40.00 % |
| Return to work with modification | No Data | 100.00 % | 83.33 % | 50.00 % |
| Return to work without restriction | 80.00 % | 60.00 % | 83.33 % | 80.00 % |

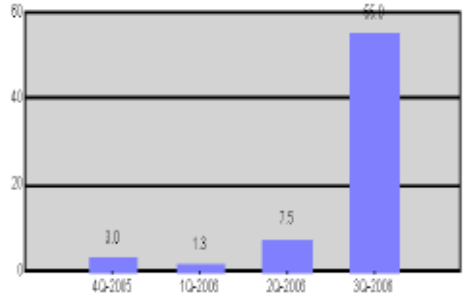
Average Lost Work Days




## PIP/MVA/PNC

| | 4Q-2005 | 1Q-2006 | 2Q-2006 | 3Q-2006 |
|---|---|---|---|---|
| Have not returned to work | No Data | No Data | No Data | No Data |
| No lost work time | 5.71 % | No Data | 2.08 % | No Data |
| Not employed outside home | No Data | No Data | 20.00 % | 10.00 % |
| Return to work with modification | No Data | No Data | No Data | No Data |
| Return to work without restriction | No Data | 30.00 % | No Data | No Data |

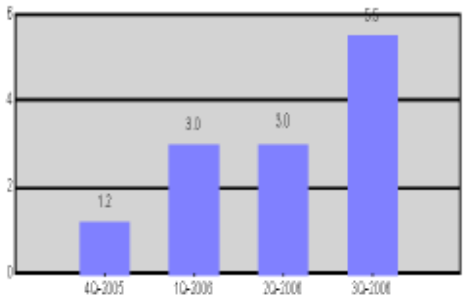
Average Lost Work Days




## Work Comp

| | 4Q-2005 | 1Q-2006 | 2Q-2006 | 3Q-2006 |
|---|---|---|---|---|
| Have not returned to work | No Data | No Data | No Data | No Data |
| No lost work time | 2.86 % | 7.41 % | 4.17 % | 8.82 % |
| Not employed outside home | No Data | No Data | No Data | No Data |
| Return to work with modification | No Data | No Data | No Data | 50.00 % |
| Return to work without restriction | 20.00 % | 10.00 % | 16.67 % | 20.00 % |

Average Lost Work Days




## Clinic Overall

| | 4Q-2005 | 1Q-2006 | 2Q-2006 | 3Q-2006 |
|---|---|---|---|---|
| Have not returned to work | No Data | 1.96 % | 1.22 % | No Data |
| No lost work time | 62.50 % | 52.94 % | 58.54 % | 66.67 % |
| Not employed outside home | 28.57 % | 23.53 % | 18.29 % | 19.61 % |
| Return to work with modification | No Data | 1.96 % | 7.32 % | 3.92 % |
| Return to work without restriction | 8.93 % | 19.61 % | 14.63 % | 9.80 % |

Sample Report

CARE CONNECTIONS

NETWORK OUTCOMES REPORT
3rd Qtr 2006
Network: Sample

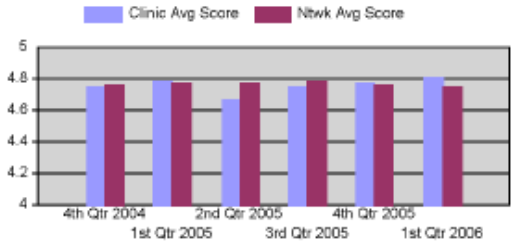
| Clinic Name | Patients | Pain | Function | Improvement | Visits | Lost Work | Acute | Chronic |
|---|---|---|---|---|---|---|---|---|
| **Sample PT Clinic - A** | | | | | | | | |
| Current Quarter: | 77 | 52.40 % | 45.96 % | 68.52 % | 9.00 | 15 | 53.25 % | 32.47 % |
| Rolling Year | 284 | 61.62 % | 48.52 % | 71.48 % | 8.18 | 29.96 | 56.34 % | 31.34 % |
| **Sample PT Clinic - B** | | | | | | | | |
| Current Quarter: | 111 | 59.85 % | 44.04 % | 66.48 % | 7.66 | 17 | 1.80 % | 1.80 % |
| Rolling Year | 523 | 59.63 % | 45.67 % | 68.77 % | 7.42 | 15.85 | 29.25 % | 13.38 % |
| **Sample PT Clinic - C** | | | | | | | | |
| Current Quarter: | 201 | 54.23 % | 46.07 % | 68.32 % | 7.89 | 31.43 | 60.70 % | 37.31 % |
| Rolling Year | 826 | 52.77 % | 45.61 % | 67.35 % | 7.59 | 28.3 | 57.75 % | 40.56 % |
| **Sample PT Clinic - D** | | | | | | | | |
| Current Quarter: | 25 | 58.07 % | 46.08 % | 66.76 % | 6.08 | No data | 0.00 % | 0.00 % |
| Rolling Year | 93 | 53.69 % | 52.40 % | 69.15 % | 8.33 | 49 | 46.24 % | 10.75 % |
| **Sample PT Clinic - E** | | | | | | | | |
| Current Quarter: | 38 | 51.86 % | 45.84 % | 67.45 % | 8.05 | No data | 0.00 % | 2.63 % |
| Rolling Year | 205 | 49.45 % | 41.52 % | 65.66 % | 8.19 | No data | 0.00 % | 0.98 % |
| **Sample PT Clinic - F** | | | | | | | | |
| Current Quarter: | 66 | 62.24 % | 50.37 % | 72.21 % | 9.12 | No data | 0.00 % | 0.00 % |
| Rolling Year | 303 | 61.76 % | 51.15 % | 72.29 % | 8.80 | 40 | 1.32 % | 1.65 % |
| **Sample PT Clinic - G** | | | | | | | | |
| Current Quarter: | 40 | 35.39 % | 34.71 % | 63.05 % | 11.00 | 28 | 2.50 % | 2.50 % |
| Rolling Year | 179 | 46.91 % | 38.10 % | 69.39 % | 10.56 | 53.83 | 10.06 % | 9.50 % |
| **Sample PT Clinic - H** | | | | | | | | |
| Current Quarter: | 56 | 51.70 % | 40.96 % | 62.23 % | 9.23 | 47.92 | 78.57 % | 16.07 % |
| Rolling Year | 191 | 54.90 % | 45.82 % | 64.09 % | 8.53 | 73.83 | 77.49 % | 16.75 % |
| **Current Quarter** | **614** | **54.62 %** | **44.90 %** | **67.42 %** | **8.38** | **33.17** | **34.20 %** | **18.40 %** |
| **Network Rolling Year** | **2604** | **55.60 %** | **46.03 %** | **68.49 %** | **8.11** | **38.66** | **38.52 %** | **21.51 %** |
| **National Rolling Year** | **85095** | **60.50 %** | **50.99 %** | **73.51 %** | **11.13** | **11.62** | **46.96 %** | **29.62 %** |

Sample Report

CLINIC SUMMARY REPORT
1st Qtr 2006
Network: Sample PT Network
Sample Physical Therapy

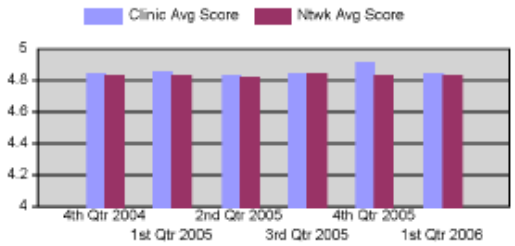
Total Surveys: 89 (Bar-Coded Surveys 54)

## 1.Overall Facility



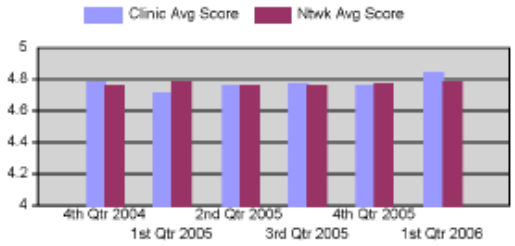

| | Clinic | | Network | |
|---|---|---|---|---|
| Report Qtr | Avg Score | Answer Rate | Avg Score | Answer Rate |
| 4th Quarter 2004 | 4.75 | 100.00 % | 4.76 | 99.75 % |
| 1st Quarter 2005 | 4.78 | 100.00 % | 4.77 | 99.87 % |
| 2nd Quarter 2005 | 4.67 | 100.00 % | 4.77 | 99.88 % |
| 3rd Quarter 2005 | 4.75 | 100.00 % | 4.78 | 99.89 % |
| 4th Quarter 2005 | 4.77 | 100.00 % | 4.76 | 99.87 % |
| 1st Quarter 2006 | 4.81 | 100.00 % | 4.75 | 99.77 % |

## 2.Staff Communication



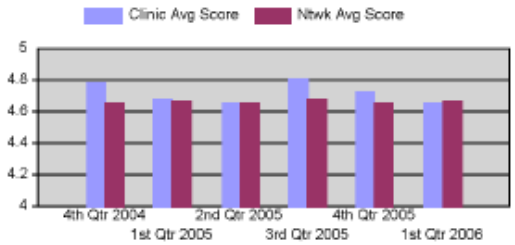

| Report Qtr | Avg Score | Answer Rate | Avg Score | Answer Rate |
|---|---|---|---|---|
| 4th Quarter 2004 | 4.85 | 100.00 % | 4.83 | 99.93 % |
| 1st Quarter 2005 | 4.86 | 100.00 % | 4.83 | 99.87 % |
| 2nd Quarter 2005 | 4.83 | 100.00 % | 4.82 | 99.95 % |
| 3rd Quarter 2005 | 4.84 | 100.00 % | 4.84 | 99.86 % |
| 4th Quarter 2005 | 4.91 | 100.00 % | 4.83 | 99.95 % |
| 1st Quarter 2006 | 4.85 | 100.00 % | 4.83 | 99.88 % |

## 3.Scheduling & Waiting Times



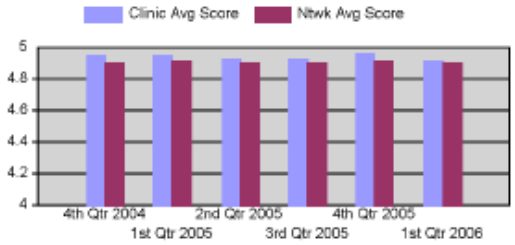

| Report Qtr | Avg Score | Answer Rate | Avg Score | Answer Rate |
|---|---|---|---|---|
| 4th Quarter 2004 | 4.79 | 100.00 % | 4.76 | 99.86 % |
| 1st Quarter 2005 | 4.72 | 100.00 % | 4.78 | 99.87 % |
| 2nd Quarter 2005 | 4.76 | 100.00 % | 4.76 | 99.88 % |
| 3rd Quarter 2005 | 4.77 | 100.00 % | 4.76 | 99.82 % |
| 4th Quarter 2005 | 4.76 | 100.00 % | 4.77 | 99.95 % |
| 1st Quarter 2006 | 4.85 | 100.00 % | 4.79 | 99.84 % |

## 4.Exp. of Benefits & Paperwork




| Report Qtr | Avg Score | Answer Rate | Avg Score | Answer Rate |
|---|---|---|---|---|
| 4th Quarter 2004 | 4.78 | 98.91 % | 4.66 | 97.73 % |
| 1st Quarter 2005 | 4.68 | 97.83 % | 4.67 | 97.82 % |
| 2nd Quarter 2005 | 4.66 | 100.00 % | 4.65 | 97.90 % |
| 3rd Quarter 2005 | 4.81 | 100.00 % | 4.68 | 96.42 % |
| 4th Quarter 2005 | 4.73 | 100.00 % | 4.66 | 97.26 % |
| 1st Quarter 2006 | 4.65 | 100.00 % | 4.67 | 97.54 % |

## 5.Courteous & Prof. Staff




| Report Qtr | Avg Score | Answer Rate | Avg Score | Answer Rate |
|---|---|---|---|---|
| 4th Quarter 2004 | 4.95 | 100.00 % | 4.90 | 99.84 % |
| 1st Quarter 2005 | 4.95 | 100.00 % | 4.91 | 99.87 % |
| 2nd Quarter 2005 | 4.93 | 100.00 % | 4.90 | 99.85 % |
| 3rd Quarter 2005 | 4.93 | 100.00 % | 4.90 | 99.82 % |
| 4th Quarter 2005 | 4.96 | 100.00 % | 4.91 | 99.79 % |
| 1st Quarter 2006 | 4.91 | 100.00 % | 4.90 | 99.86 % |

Sample Report

CLINIC SUMMARY REPORT

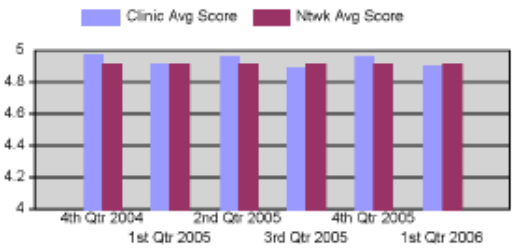
1st Qtr 2006

Network: Sample PT Network

Sample Physical Therapy

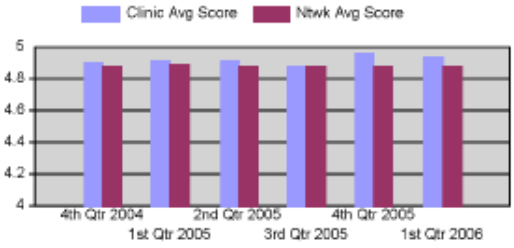
Total Surveys: 89 (Bar-Coded Surveys 54)

## 6.Questions Answered by Therapist



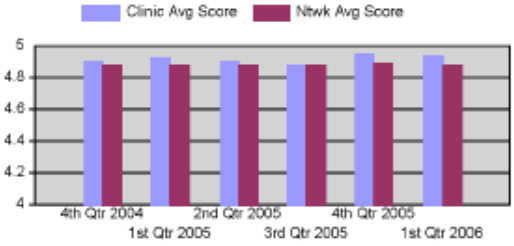

| Report Qtr | Clinic Avg Score | Clinic Answer Rate | Network Avg Score | Network Answer Rate |
|---|---|---|---|---|
| 4th Quarter 2004 | 4.97 | 100.00 % | 4.92 | 99.93 % |
| 1st Quarter 2005 | 4.91 | 100.00 % | 4.92 | 99.92 % |
| 2nd Quarter 2005 | 4.96 | 100.00 % | 4.92 | 99.98 % |
| 3rd Quarter 2005 | 4.89 | 100.00 % | 4.92 | 99.91 % |
| 4th Quarter 2005 | 4.96 | 100.00 % | 4.92 | 99.95 % |
| 1st Quarter 2006 | 4.90 | 100.00 % | 4.92 | 99.88 % |

## 7.Therapist Understanding



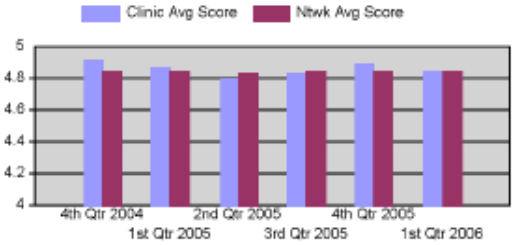

| Report Qtr | Clinic Avg Score | Clinic Answer Rate | Network Avg Score | Network Answer Rate |
|---|---|---|---|---|
| 4th Quarter 2004 | 4.90 | 100.00 % | 4.88 | 99.86 % |
| 1st Quarter 2005 | 4.91 | 100.00 % | 4.89 | 99.87 % |
| 2nd Quarter 2005 | 4.91 | 100.00 % | 4.88 | 99.95 % |
| 3rd Quarter 2005 | 4.88 | 100.00 % | 4.88 | 99.71 % |
| 4th Quarter 2005 | 4.96 | 100.00 % | 4.88 | 99.87 % |
| 1st Quarter 2006 | 4.94 | 100.00 % | 4.88 | 99.88 % |

## 8.Therapist Ability



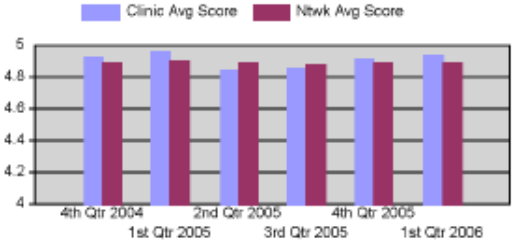

| Report Qtr | Clinic Avg Score | Clinic Answer Rate | Network Avg Score | Network Answer Rate |
|---|---|---|---|---|
| 4th Quarter 2004 | 4.90 | 100.00 % | 4.88 | 99.84 % |
| 1st Quarter 2005 | 4.93 | 100.00 % | 4.88 | 99.87 % |
| 2nd Quarter 2005 | 4.90 | 100.00 % | 4.88 | 99.88 % |
| 3rd Quarter 2005 | 4.88 | 100.00 % | 4.88 | 99.84 % |
| 4th Quarter 2005 | 4.95 | 100.00 % | 4.89 | 99.84 % |
| 1st Quarter 2006 | 4.94 | 100.00 % | 4.88 | 99.86 % |

## 9.Therapist Explanation




| Report Qtr | Clinic Avg Score | Clinic Answer Rate | Network Avg Score | Network Answer Rate |
|---|---|---|---|---|
| 4th Quarter 2004 | 4.91 | 100.00 % | 4.84 | 98.82 % |
| 1st Quarter 2005 | 4.87 | 100.00 % | 4.85 | 99.22 % |
| 2nd Quarter 2005 | 4.80 | 97.75 % | 4.83 | 99.11 % |
| 3rd Quarter 2005 | 4.83 | 98.80 % | 4.84 | 99.07 % |
| 4th Quarter 2005 | 4.89 | 100.00 % | 4.84 | 98.91 % |
| 1st Quarter 2006 | 4.85 | 100.00 % | 4.85 | 99.23 % |

## 10.Clinic Recommendation




| Report Qtr | Clinic Avg Score | Clinic Answer Rate | Network Avg Score | Network Answer Rate |
|---|---|---|---|---|
| 4th Quarter 2004 | 4.93 | 98.91 % | 4.89 | 99.79 % |
| 1st Quarter 2005 | 4.96 | 100.00 % | 4.90 | 99.92 % |
| 2nd Quarter 2005 | 4.85 | 100.00 % | 4.89 | 99.78 % |
| 3rd Quarter 2005 | 4.86 | 100.00 % | 4.88 | 99.68 % |
| 4th Quarter 2005 | 4.91 | 100.00 % | 4.89 | 99.79 % |
| 1st Quarter 2006 | 4.94 | 100.00 % | 4.89 | 99.72 % |

Sample Report

CARE CONNECTIONS

Total Surveys:89 (Bar-Coded Surveys 54)

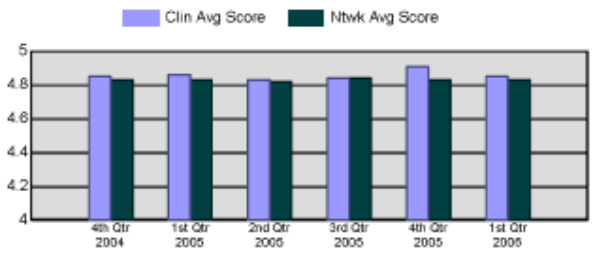
OFFICE SUMMARY REPORT

1st Qtr 2006

Network: Sample PT Network

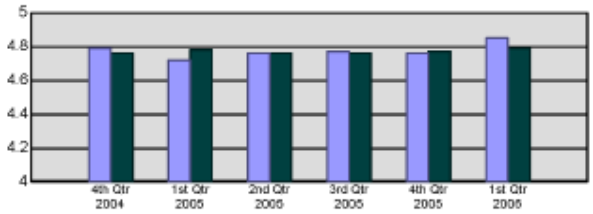
Sample Physical Therapy

## 2.Staff Communication



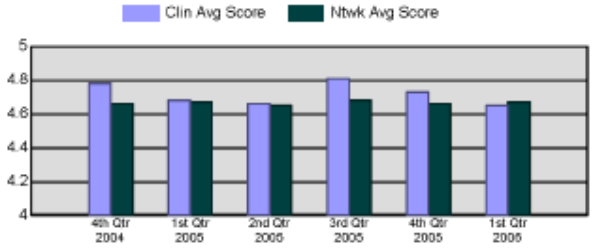

| Report Qtr | Clinic Avg Score | Clinic Answer Rate | Network Avg Score |
|---|---|---|---|
| 4th Quarter 2004 | 4.85 | 100.00 % | 4.83 |
| 1st Quarter 2005 | 4.86 | 100.00 % | 4.83 |
| 2nd Quarter 2005 | 4.83 | 100.00 % | 4.82 |
| 3rd Quarter 2005 | 4.84 | 100.00 % | 4.84 |
| 4th Quarter 2005 | 4.91 | 100.00 % | 4.83 |
| 1st Quarter 2006 | 4.85 | 100.00 % | 4.83 |

## 3.Scheduling & Waiting Times



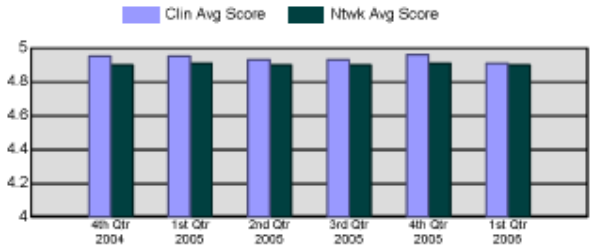

| Report Qtr | Clinic Avg Score | Clinic Answer Rate | Network Avg Score |
|---|---|---|---|
| 4th Quarter 2004 | 4.79 | 100.00 % | 4.76 |
| 1st Quarter 2005 | 4.72 | 100.00 % | 4.78 |
| 2nd Quarter 2005 | 4.76 | 100.00 % | 4.76 |
| 3rd Quarter 2005 | 4.77 | 100.00 % | 4.76 |
| 4th Quarter 2005 | 4.76 | 100.00 % | 4.77 |
| 1st Quarter 2006 | 4.85 | 100.00 % | 4.79 |

## 4.Exp. of Benefits & Paperwork



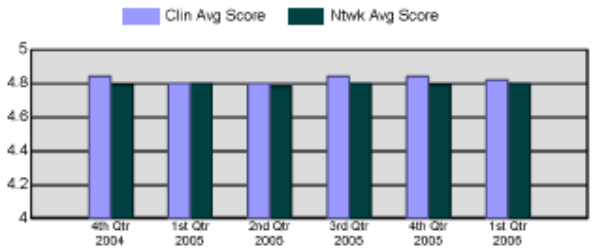

| Report Qtr | Clinic Avg Score | Clinic Answer Rate | Network Avg Score |
|---|---|---|---|
| 4th Quarter 2004 | 4.78 | 98.91 % | 4.66 |
| 1st Quarter 2005 | 4.68 | 97.83 % | 4.67 |
| 2nd Quarter 2005 | 4.66 | 100.00 % | 4.65 |
| 3rd Quarter 2005 | 4.81 | 100.00 % | 4.68 |
| 4th Quarter 2005 | 4.73 | 100.00 % | 4.66 |
| 1st Quarter 2006 | 4.65 | 100.00 % | 4.67 |

## 5.Courteous & Prof. Staff




| Report Qtr | Clinic Avg Score | Clinic Answer Rate | Network Avg Score |
|---|---|---|---|
| 4th Quarter 2004 | 4.95 | 100.00 % | 4.90 |
| 1st Quarter 2005 | 4.95 | 100.00 % | 4.91 |
| 2nd Quarter 2005 | 4.93 | 100.00 % | 4.90 |
| 3rd Quarter 2005 | 4.93 | 100.00 % | 4.90 |
| 4th Quarter 2005 | 4.96 | 100.00 % | 4.91 |
| 1st Quarter 2006 | 4.91 | 100.00 % | 4.90 |

## Office Staff Overall




| Report Qtr | Clinic Avg Score | Clinic Answer Rate | Network Avg Score |
|---|---|---|---|
| 4th Quarter 2004 | 4.84 | 99.73 % | 4.79 |
| 1st Quarter 2005 | 4.80 | 99.46 % | 4.80 |
| 2nd Quarter 2005 | 4.80 | 100.00 % | 4.78 |
| 3rd Quarter 2005 | 4.84 | 100.00 % | 4.80 |
| 4th Quarter 2005 | 4.84 | 100.00 % | 4.79 |
| 1st Quarter 2006 | 4.82 | 100.00 % | 4.80 |

# Sample Report

**THERAPIST SUMMARY REPORT**

**1st Qtr 2006**

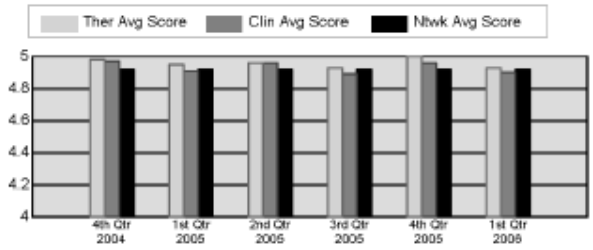
Therapist Surveys: 27 (Bar-Coded Surveys 27)

**Network: Sample PT Network**

**Therapist A-1**

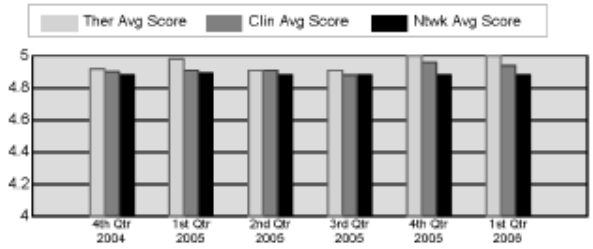
**Sample Physical Therapy**

### 6.Questions Answered by Therapist



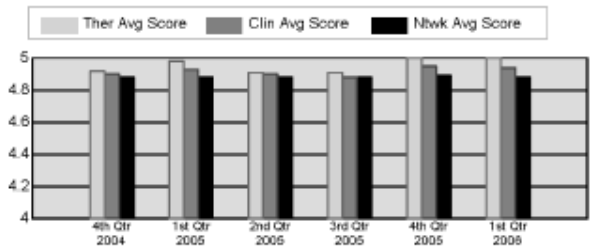

| | Therapist | | Clinic | Network |
|---|---|---|---|---|
| Report Qtr | Avg Score | Answer Rate | Avg Score | Answer Score |
| 4th Quarter 2004 | 4.98 | 100.00 % | 4.97 | 4.92 |
| 1st Quarter 2005 | 4.95 | 100.00 % | 4.91 | 4.92 |
| 2nd Quarter 2005 | 4.96 | 100.00 % | 4.96 | 4.92 |
| 3rd Quarter 2005 | 4.93 | 100.00 % | 4.89 | 4.92 |
| 4th Quarter 2005 | 5.00 | 100.00 % | 4.96 | 4.92 |
| 1st Quarter 2006 | 4.93 | 100.00 % | 4.90 | 4.92 |

### 7.Therapist Understanding



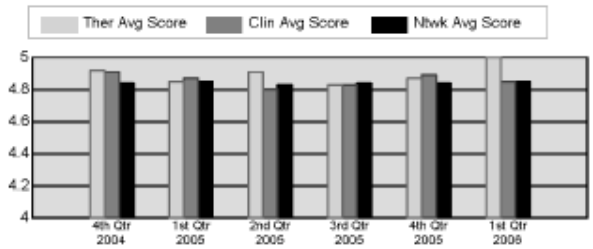

| Report Qtr | Avg Score | Answer Rate | Avg Score | Answer Score |
|---|---|---|---|---|
| 4th Quarter 2004 | 4.92 | 100.00 % | 4.90 | 4.88 |
| 1st Quarter 2005 | 4.98 | 100.00 % | 4.91 | 4.89 |
| 2nd Quarter 2005 | 4.91 | 100.00 % | 4.91 | 4.88 |
| 3rd Quarter 2005 | 4.91 | 100.00 % | 4.88 | 4.88 |
| 4th Quarter 2005 | 5.00 | 100.00 % | 4.96 | 4.88 |
| 1st Quarter 2006 | 5.00 | 100.00 % | 4.94 | 4.88 |

### 8.Therapist Ability



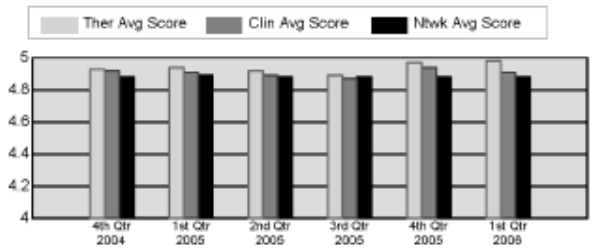

| Report Qtr | Avg Score | Answer Rate | Avg Score | Answer Score |
|---|---|---|---|---|
| 4th Quarter 2004 | 4.92 | 100.00 % | 4.90 | 4.88 |
| 1st Quarter 2005 | 4.98 | 100.00 % | 4.93 | 4.88 |
| 2nd Quarter 2005 | 4.91 | 100.00 % | 4.90 | 4.88 |
| 3rd Quarter 2005 | 4.91 | 100.00 % | 4.88 | 4.88 |
| 4th Quarter 2005 | 5.00 | 100.00 % | 4.95 | 4.89 |
| 1st Quarter 2006 | 5.00 | 100.00 % | 4.94 | 4.88 |

### 9.Therapist Explanation




| Report Qtr | Avg Score | Answer Rate | Avg Score | Answer Score |
|---|---|---|---|---|
| 4th Quarter 2004 | 4.92 | 100.00 % | 4.91 | 4.84 |
| 1st Quarter 2005 | 4.85 | 100.00 % | 4.87 | 4.85 |
| 2nd Quarter 2005 | 4.91 | 95.65 % | 4.80 | 4.83 |
| 3rd Quarter 2005 | 4.83 | 97.67 % | 4.83 | 4.84 |
| 4th Quarter 2005 | 4.87 | 100.00 % | 4.89 | 4.84 |
| 1st Quarter 2006 | 5.00 | 100.00 % | 4.85 | 4.85 |

### Therapist Overall




| Report Qtr | Avg Score | Answer Rate | Avg Score | Answer Score |
|---|---|---|---|---|
| 4th Quarter 2004 | 4.93 | 100.00 % | 4.92 | 4.88 |
| 1st Quarter 2005 | 4.94 | 100.00 % | 4.91 | 4.89 |
| 2nd Quarter 2005 | 4.92 | 98.91 % | 4.89 | 4.88 |
| 3rd Quarter 2005 | 4.89 | 99.42 % | 4.87 | 4.88 |
| 4th Quarter 2005 | 4.97 | 100.00 % | 4.94 | 4.88 |
| 1st Quarter 2006 | 4.98 | 100.00 % | 4.91 | 4.88 |

Sample Report

CARE CONNECTIONS

CLINIC PAYER REPORT

1st Qtr 2006

Network: Sample PT Network

Sample Physical Therapy

| Insurance Carrier | Total Surveys | Facility | Off.Comm | Off.Sched | Off.Expl. | Off.Court. | Th. QA | Th.Undrstd | Th. Abl | Th. Expl | Recmnd. | Off.Staff | Therapist |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PacificSource Health Plans | 9 | 4.67 | 4.89 | 4.89 | 4.89 | 4.89 | 4.89 | 4.89 | 4.89 | 4.89 | 4.89 | 4.89 | 4.89 |
| Aetna | 8 | 4.75 | 4.88 | 4.88 | 4.50 | 4.88 | 4.88 | 5.00 | 5.00 | 4.75 | 4.88 | 4.78 | 4.91 |
| BCBS - Regence BlueShield of Washington | 8 | 4.75 | 4.75 | 4.75 | 4.63 | 4.88 | 5.00 | 5.00 | 5.00 | 4.88 | 4.88 | 4.75 | 4.97 |
| Medicare | 5 | 4.80 | 5.00 | 5.00 | 4.60 | 5.00 | 5.00 | 5.00 | 4.80 | 4.80 | 5.00 | 4.90 | 4.90 |
| Uniform Medical Plan | 4 | 4.75 | 4.75 | 4.75 | 4.50 | 4.50 | 4.50 | 4.75 | 4.75 | 4.50 | 5.00 | 4.63 | 4.63 |
| First Choice Health | 3 | 5.00 | 5.00 | 5.00 | 4.67 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 4.92 | 5.00 |
| Secure Horizons | 3 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 |
| LifeWise | 2 | 5.00 | 5.00 | 5.00 | 4.50 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 4.88 | 5.00 |
| Pacificare | 2 | 4.50 | 5.00 | 5.00 | 4.50 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 4.88 | 5.00 |
| United Healthcare | 2 | 5.00 | 5.00 | 5.00 | 4.50 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 4.88 | 5.00 |
| **Clinic overall** | **89** | **4.81** | **4.85** | **4.85** | **4.65** | **4.91** | **4.90** | **4.94** | **4.94** | **4.85** | **4.94** | **4.82** | **4.91** |
| **Sample PT Network** | **4268** | **4.75** | **4.83** | **4.79** | **4.67** | **4.90** | **4.92** | **4.88** | **4.88** | **4.85** | **4.89** | **4.80** | **4.88** |

# X. Contact and Technical Support Information

If you experience any technical difficulties or have questions regarding the CareConnections web site, please email support@careconnections.com. You may also contact CareConnections support at (800) 219-8835, and choose option 7 to reach a CareConnections support technician.

For questions about Outcomes System procedures, scoring, and application, you may email support@careconnections.com or telephone a CareConnections support technician (phone information listed above).

# CARECONNECTIONS PARTICIPANT AGREEMENT

*This agreement represents the complete agreement and understanding between CareConnections and the account holder and supersedes any other written or oral agreement. Upon notice, CareConnections may modify these terms and conditions, amplify them, and/or modify the prices and services offered.*

## 1.0 PROVISION OF SERVICES

1.1 CareConnections will provide services to participant in exchange for payment by the responsible party and compliance with the terms and conditions of this document.

1.2 CareConnections Outcomes services are defined as the management and reporting of clinical outcomes and associated patient data for the benefit of account holders. Data submitted becomes the property of CareConnections.

1.3 CareConnections and its employees agree to maintain the confidentiality of the data reported and will only release blinded and aggregated data, except as it pertains to the specific account holder.

1.4 CareConnections will supply standard management reports on a calendar quarterly basis in a format consistent with samples supplied, as modified and updated from time to time. Reports will be available within 30 days of scheduled submission deadlines provided participant is current with payments to CareConnections. Custom reports may be contracted for, documented and attached as an Addendum to this agreement.

1.5 CareConnections may terminate any account with 30 day written notice without cause or notification, and refund any prepaid fees for services not rendered.

## 2.0 ACCOUNT HOLDER RESPONSIBILITIES

2.1 Participant agrees to respect the copyright of CareConnections documentation, forms, and related information by making only those copies necessary to conduct the data collection within the authorized facilities.

2.2 Participant agrees to support the integrity of CareConnections data by providing training to all appropriate personnel according to the instructions provided by CareConnections.

2.3 Participant agrees to restrict its use of Outcomes reports and data to its own quality improvement and marketing programs. Participant acknowledges the sensitivity of using the information for personnel matters, and will only do so according to the advice of independent legal counsel. Participant agrees to hold CareConnections harmless from any inappropriate use of Outcomes data. Any group presentation or publication of CareConnections data requires prior authorization in writing from CareConnections.

2.4 Participant agrees to submit complete data for 100% of all patient types tracked by CareConnections. An account may select to limit data collection to 100% of one anatomical group.

*Please sign:*

PARTICIPANT SIGNATURE TITLE DATE

CLINIC NAME

CONTRACTED NETWORK AFFILIATION (if applicable)
(Responsible Party)